



INDONESIAN POPULATION REPORT 2024





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**DIRECTORATE OF POPULATION IMPACT ANALYSIS OF
THE NATIONAL POPULATION AND FAMILY PLANNING BOARD
2024**

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Foreword by the Head of BKKBN



The national development paradigm places humans as both subjects and objects in the development process. Therefore, Law Number 52 of 2009 concerning Population Development and Family Development mandates the importance of developing the whole Indonesian human being, encompassing all dimensions and aspects of human life, including population development,

family planning, and family development.

Among Indonesia's current population issues that need attention in population development is disparity. Regional disparities in population indicators in Indonesia are not new actually. The dualism of west-east and urban-rural development is believed to have contributed to these. In the context of policy, it is time to address disparities between regions with asymmetric policies by prioritizing regions with low achievements and paying attention to specific regional conditions in order to speed up achievements in more disadvantaged regions.

The government is currently preparing the 2025–2045 National Long-Term Development Plan (RPJPN) and the 2025–2029 National Medium-Term Development Plan. Both planning documents guide the government in implementing national development. The implementation of the RPJPN and RPJMN should be complemented by up-to-date population information as a

basis for evaluating current policies and determining future development policies.

Indonesian Population Report 2024 is expected to be a tool for joint reflection in the implementation of various development policies, strategies, programs and activities, as well as to encourage cross-sectoral cooperation and community participation in building the quality of Indonesian human resources in order to achieve the Golden Indonesia 2045 Vision

Jakarta, August 27, 2024
Head of BKKBN,



Dr. (H.C.) dr. Hasto Wardoyo, Sp.OG (K)

Foreword by the Deputy for Population Management



Law Number 52 of 2009 concerning Population Development and Family Development has stipulated that development is the responsibility of the government at all levels. In addition, Presidential Regulation Number 153 of 2014 concerning the Grand Design of Population Development reaffirms that the national and subnational governments must be coordinated, integrated, and unified as one in accordance with laws and regulations by involving the active participation of the wider community.

Knowledge of demographic trends and changes is essential in planning and implementing national development policies. This includes population growth and mortality reduction, directed population mobility, improved population quality in all its dimensions, and increased family resilience and welfare so that the country can produce resilient human resources for national development and resilience, and enjoy the results of development fairly and equitably in order to be able to compete with other nations to continue to exist.

In connection with this mandate, BKKBN seeks to integrate reports on population development activities that have been carried out by various sectors through the preparation of Indonesian Population Report 2024. This is the second year that BKKBN has published Indonesian Population Report, following the first in 2023.

It is hoped that this will be a common means to observe changes in population with various accompanying strategic issues, such as increasing fertility, improving the quality of education and health, gender equality, and managing population distribution and mobility. Indonesian Population Report is also expected to serve as a means of monitoring and evaluating the achievements of population development as well as a consideration in the formulation of development policies that are responsive to population dynamics at various regional levels.

Jakarta, August 27, 2024

Deputy for Population Management of BKKBN,



Dr. Bonivastus Prasetya Ichtiarto, S.Si., M.Eng

Foreword by the Director of Population Impact Analysis



Indonesian Population Report is one of BKKBN's efforts to present up-to-date data, analysis, and information on population dynamics in Indonesia based on the five pillars of grand design of population development, which include Population Quantity, Population Quality, Family Development, Population Distribution and Mobility, and Population Administration, which will be an important basis for formulating national development policies and plans.

This is the second year of Indonesian Population Report, a year full of challenges and opportunities in the population sector. Rapid demographic changes, such as increased urbanization, population aging, and changing migration patterns, have far-reaching implications for various aspects of people's lives, including health, education, employment, and the environment. Therefore, it is important for us to understand and manage these population issues appropriately. This report provides a comprehensive overview of Indonesia's population situation and is expected to be followed up with the development of strategic solution models to deal with the various impacts arising from these changes.

The population challenges faced by this nation cannot be overcome by one party single-handedly, but require the synergy and collaboration of various stakeholders. Therefore, this report is also expected to be a useful reference for policy makers, academics, researchers, and all interested parties in

understanding and managing population issues in population management efforts in Indonesia.

Hopefully, this Indonesian Population Report 2024 can be used as a tool for monitoring and evaluating cross-sectoral development, and encourage collaboration between stakeholders in formulating better policies for the future of the nation, as an effort to support the achievement of sustainable development.

Jakarta, August 27, 2024
Director of Population Impact Analysis,



Dr. Faharuddin, SST., M.Si

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INTRODUCTION

CHAPTER I INTRODUCTION

1. Background of the Report

According to the United Nations' World Population Prospects 2022, the world's population was estimated to reach 8 billion on November 15, 2022. The world's population is also projected to increase to 8.5 billion in 2030 by the UN. Similarly, Indonesia's population is projected to reach 281 million in 2024 and 328 million in 2050, based on the 2020 Population Census. A significant increase in population may be beneficial, as a large population can drive development. However, a significant increase in population may also have negative impacts on various aspects of life if not properly addressed.

Indonesia's population growth rate from 2020 to 2023 was estimated to be 1.13%. Despite the declining growth rate, Indonesia's population is still expected to increase, at least for the next few years. Demographic factors that affect population growth rate include fertility (births), mortality (deaths), and migration (mobility). Fertility refers to the increase in population due to births, while mortality refers to the decrease in population due to deaths. Migration is the movement of people, which can either increase the population through in-migration or decrease it through out-migration.

Population dynamics play a very important role in national development. For this reason, every aspect of development planning should be aligned with current demographic conditions and based on them, as the population is the focal point of development. Factors such as population

quantity, quality, structure, distribution, and growth affect many development aspects, including social, cultural, economic, energy-related, environmental, political, and security aspects. These development aspects, in turn, also affect both current and future demographic conditions.

The essence of population development in Indonesia is to achieve national objectives of becoming advanced, independent, prosperous, and just, grounded in faith and piety to God Almighty, as stated in the fourth paragraph of the Preamble of the 1945 Constitution. This means that a key objective closely related to population is the aspect of general welfare. Welfare, by implication, pertains to all individuals as a crucial component of national and state life.

The Grand Design of Population Development, as stipulated in Presidential Regulation Number 153 of 2014, features five pillars: population quantity, population quality improvement, family development, population distribution and mobility management, and population administration management. These five pillars are interrelated, indicating that the success of population development relies on the effective implementation of each pillar. These pillars also reflect the comprehensive nature of population development, addressing not only population quantity and distribution but also the development of high-quality human resources across all dimensions.

BKKBN is a government agency responsible for addressing various issues related to population, family planning, and family development as per Law Number 52 of 2009 concerning Population Development and Family Development. Nonetheless, each involved ministry and agency is

responsible for implementing each pillar of population development, meaning that the success of population development depends on the cooperation of various ministries/agencies. For instance, the pillar focused on improving population quality involves many ministries/agencies dealing with education, health, employment, poverty, and gender equality.

Overall, the progress of Indonesia's population development is currently marked by excellent control of population quantity. The Long Form SP2020 results indicate that Indonesia's Total Fertility Rate (TFR) was 2.18, approaching the Replacement Level of 2.1. In addition, the Infant Mortality Rate (IMR) decreased significantly within ten years to 16.85 per 1,000 live births, while the Maternal Mortality Rate (MMR) was 189 per 100,000 live births. However, despite the decrease in the Total Fertility Rate, Maternal Mortality Rate, and Infant Mortality Rate, significant disparities remain between districts/cities. Ongoing challenges in population development include high population growth rate, low human resource quality, weak family resilience and quality, uneven population distribution, and limited population data and information.

Indonesia has undergone a demographic transition in a shorter period compared to countries in Europe and the United States. Health interventions and family planning programs, implemented alongside economic growth, have accelerated Indonesia's demographic transition. This transition has changed the population's age structure, with a decreasing proportion of children under 15, an increasing working-age population, and a growing number of Women of Reproductive Age (WRA). Meanwhile, the elderly population is not growing as quickly, and Indonesia has not yet reached the stage of having an aging population. This condition

is quite ideal for continuing development, particularly in improving the quality of Indonesia's population. These age structure changes are measured using the dependency ratio.

To understand Indonesia's demographic condition comprehensively and periodically, an annual population report covering the five pillars of population development is essential. This report will not only provide information on the progress of population development in relation to the targets for indicators set in the National Medium-Term Development Plan (RPJMN) or strategic planning (Rencana Strategis-Renstra) of ministries/agencies, but will also present how demographic indicators evolve over time and highlight differences between provinces.

2. Objectives and Advantages

In summary, the main objective of the Indonesian Population Report is to explain the current progress of population development across the five pillars in relation to the targets set for each indicator. The specific objectives are as follows:

- a. To explain strategic issues and the roadmap of population development;
- b. To outline progress related to population quantity and composition as well as family planning;
- c. To outline progress in improving population quality and human development;
- d. To outline progress in implementing family development program;
- e. To analyze the distribution and mobility of the population across regions;

- f. To outline progress in managing population administration;
- g. To outline progress of population-oriented development.

The advantage of the Indonesian Population Report include:

- a. Providing input and considerations for formulation policy roadmap in the National Medium-Term Development Plan 2025-2029 and the National Long-Term Development Plan 2025-2045;
- b. Offering input and considerations for determining target projections related to the Family Development, Population, and Family Planning Programs;
- c. Serving as a reference for comparison with other countries to improve population management;
- d. Providing information on national population developments and disparities at the provincial level.

3. Sources of Data

The data in this report is derived from relevant Ministries/Agencies through their official publications. The sources include:

- 1. Contraceptive Prevalence Survey 1987
- 2. Population Censuses 1961-2020
- 3. Inter-Census Population Surveys (Supas) of various years
- 4. Indonesian Demographic and Health Surveys (SDKI) of various years
- 5. Family Data Update
- 6. BKKBN's Key Performance Indicators' Report
- 7. National Labor Force Survey (Sakernas)
- 8. Basic Health Research (Riskesdas)
- 9. Indonesian Nutritional Status Survey (SSGI)

10. Indonesian Health Survey (SKI)
11. National Women's Life Experience Survey (SPHPN)
12. National Survey of Life Experiences of Children and Adolescents (SNPHAR)
13. National Socio-economic Survey (Susenas)
14. Statistical Yearbook of Indonesia of various years
15. Provinces or Regencies in Figures
16. Other Official Sources



STRATEGIC ISSUES AND DIRECTION OF POPULATION DEVELOPMENT

CHAPTER II

STRATEGIC ISSUES AND DIRECTION OF POPULATION DEVELOPMENT

1. Strategic Issues in Indonesia's Population Development

Indonesia's population dynamics have undergone significant changes. The population growth rate has slowed due to a continuous decline in fertility rates. This decline has been accompanied by reductions in maternal and infant mortality rates, as well as increased life expectancy, highlighting the success of various development programs. For instance, Indonesia's infant mortality rate (IMR) has decreased significantly over the decades. However, regional differences in public health and development levels mean that the rate of decline in IMR is not uniform, with variations being influenced by advancements in regional healthcare systems. Additionally, Indonesia has seen a sharp decline in fertility, with the total fertility rate (TFR) currently at 2.14 children per woman of reproductive age (BKKBN, 2024).

The reduction in fertility rates reflects the family planning program's success and improvements in sectors such as education, which have delayed the average age of first marriage for women, raised women's education levels, and reduced the number of children per woman. Demographers estimate that this downward trend will continue unless accompanied by appropriate population and family planning policies. It is projected that the replacement-level fertility (TFR = 2.1 and NRR = 1) will be reached by 2025. Although Indonesia's population continues to grow, the growth rate has slowed significantly from 2.31% during the 1971-1980 period to 1.13% between 2020-2023. With fertility rates expected to

stabilize around 2% the average population growth rate from 2025-2045 is projected to fall below 1% leading to a population of approximately 324.05 million by 2045.

A large population presents great potential for development if it is adequately prepared to serve as a productive human resource. Since 2012, Indonesia has entered a demographic bonus period that will last until 2040, during which the working-age population exceeds the dependent population, resulting in a lower dependency ratio. This sizeable productive population represents a substantial labor force that can drive economic growth, primarily through increased productivity. With smaller family sizes, more family members can engage in economic activities, dedicating time to work or entrepreneurship instead of childcare responsibilities (Kotschy et al., 2020). Furthermore, increased consumption from this class could stimulate economic growth on the demand side.

Several indicators regarding the quality of Indonesia's population also show contradictions. One of them is the achievement of the Human Development Index (HDI) and the poverty level. In 2023, the HDI will be at a high level, which is 74.39. The HDI components reflect the achievement of educational quality, health quality as indicated by life expectancy, and people's purchasing power. However, on the other hand, the poverty rate remains high, with 9.36% of the Indonesia's population living below the poverty line in 2023. Therefore, alleviating poverty through creating adequate job opportunities and increasing productivity is essential. A competitive population will allow Indonesia to thrive on the global stage and fulfill its aspirations as a respected nation. Women's and children quality of life also require urgent attention. Apart from the fact that women's HDI is trailing behind men's, there are still many rights of

women and children that have not been fulfilled and there are still many cases of violence and exploitation of women and children in Indonesia.

Two key demographic concerns arise from declining fertility trends (Gietel-Basten, 2022). First, population stagnation or decline could occur in the long term. A net reproduction rate (NRR) below 1 signifies that fewer women are becoming mothers over time, inevitably leading to fewer births. Population projections suggest that Indonesia will experience a slowdown in growth between 2045 and 2050, with a growth rate of just 0.3%. Countries like South Korea, China, and Japan have already encountered declining population growth and have introduced incentives to encourage families to have up to three children per women in an effort to boost birth rates.

Second, declining birth rates, coupled with reduced mortality and increased life expectancy, are leading to a higher proportion of elderly people. If trends continue as predicted, Indonesia will experience an aging population by 2045, with 20.31% of the population being elderly (60+ years) by then (BPS, 2023). An aging population brings numerous challenges, including healthcare demands and economic support for the elderly, whose physical abilities decline over time. A shrinking productive-age population could also reduce economic output unless offset by increased productivity.

Despite these concerns, Indonesia has the potential to extend its demographic bonus period into a second stage if it prepares for a healthy, productive elderly population. As the proportion of older residents increases, there is a risk of a higher non-productive population. To address this, the government must take proactive steps to support an aging

society. Several measures can be considered, including expanding social security programs, developing long-term care (LTC) initiatives, extending the retirement age, encouraging retirement savings, and creating employment programs tailored for older adults.

The uneven distribution of Indonesia's population presents a significant challenge for population development. Currently, the population is heavily concentrated on the island of Java, which is home to around 56.1% of the total population (BPS, 2023). While Indonesia comprises thousands of islands, major ones like Java, Sumatra, Kalimantan, and Sulawesi serve as hubs for population growth. As a result, areas outside these main islands tend to have lower population densities. Limited transportation and communication infrastructure further hinder accessibility to remote areas, affecting growth, welfare, and public services.

The unequal distribution of population in Indonesia is also one of the big challenges in population development. The distribution of Indonesia's population is still very unequal, where the majority of Indonesia's population is on the island of Java, namely around 56.1% (BPS, 2023). Indonesia consists of thousands of islands with large islands such as Java, Sumatra, Kalimantan and Sulawesi becoming centers of population growth. As a result, areas outside the main islands tend to have lower population densities. In addition, limited transportation and communication infrastructure makes accessibility to remote or outermost areas difficult. This will affect the level of population growth, welfare and public services in the region.

Furthermore, as in many developing countries, there is a strong urbanization phenomenon in Indonesia, where residents tend to migrate

from rural to urban areas in search of economic opportunities and better public services. This causes urban growth to occur very quickly so that more than half of Indonesia's population currently lives in urban areas. Population distribution is also influenced by the availability of natural resources and economic opportunities in a region. Areas with abundant natural resources or with high economic potential tend to attract population migration. To overcome the unequal distribution of the population, efforts are needed such as developing infrastructure, increasing accessibility to remote areas, economic empowerment in rural areas, and improving the quality of public services throughout Indonesia. These efforts are important to achieve equitable and inclusive development across the country. The distribution of population between cities and villages and balancing population density in Java and outside Java is still a difficult task for future population development.

2. Direction and Policies of Population Development

Achieving the demographic bonus is a priority in Indonesia's National Long-Term Development Plan, especially in developing a competitive and skilled workforce. One of the key initiatives is enhancing vocational skills. A life cycle approach is essential for improving the quality of human resources, as it provides a comprehensive understanding of the needs at each stage of life. This goal extends beyond programs targeting the working-age population to initiatives that begin at birth.

Government Regulation Number 87 of 2014 provides a policy foundation, focusing on population development, family planning, and a family information system. Article 5a guarantees the achievement of the

demographic bonus, with Article 5b emphasizing the use of this bonus to enhance population quality. In response to the long-term impact of the first demographic bonus, Presidential Regulation Number 88 of 2021 outlines the National Strategy on Ageing. The significant economic benefits of the demographic bonus are expected to help propel Indonesia out of the middle-income trap.

To achieve its national goals and chart a course for 100 years of independence, the President has mandated the formulation of the Indonesia Emas (Golden Indonesia) 2045 Vision. This vision aims for an advanced, independent, united, sovereign, just, and prosperous Indonesia by its 100th anniversary. It builds on Indonesia's strengths, including its population, social and cultural capital, natural resources, and maritime assets, while also considering global megatrends and past achievements. The Indonesia Emas 2045 Vision envisions improved welfare across the archipelago, with reduced regional and income disparities, benefiting even vulnerable groups. This vision is grounded in the transformation of the economy, society, and governance, supported by legal supremacy, stability, and socio-cultural and ecological resilience.

Population development encompasses more than just controlling quantitative factors like fertility and mortality rates. It also includes enhancing population quality, supporting family development, managing migration, and improving population administration. Indonesia's overarching goal is to achieve a high-quality population by the time of Indonesia Emas 2045. To address the strategic issues in population development, the country's efforts are focused on several key directions:

- 1) Maintaining the national birth rate at the replacement level to prevent population stagnation or decline through effective family planning.
- 2) Reducing disparities in development across provinces and districts/cities, including variations in births, deaths, population distribution, and welfare.
- 3) Lowering the incidence of high-risk pregnancies-those that occur too young, too old, too closely spaced, or too frequently- to reduce maternal and child mortality and stunting in toddlers.
- 4) Enhancing family resilience to foster quality human resources by improving access to education, healthcare, housing, and by encouraging behavioral change.
- 5) Optimizing employment opportunities during the demographic bonus period and preparing for a second demographic bonus.
- 6) Addressing population aging with pro-elderly policies, including social protection and elderly care initiatives.
- 7) Promoting gender equality, preventing violence against women and children, and addressing child marriage.
- 8) Improving services for vulnerable groups such as people with disabilities, neglected children, the elderly, the poor, and those living in underdeveloped or isolated areas.
- 9) Expanding health insurance coverage to encompass the entire population.
- 10) Managing population mobility, with a focus on non-permanent mobility, and anticipating its impact.
- 11) Providing inclusive population data to ensure equitable access to services for all citizens.



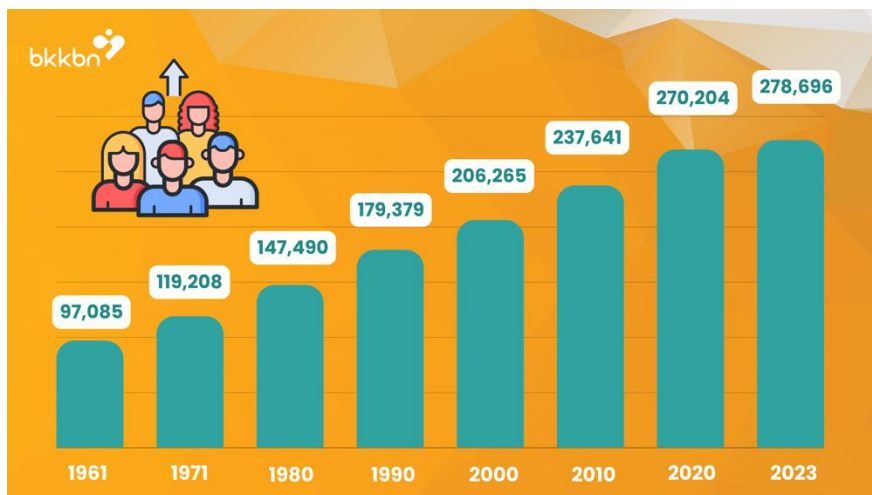
POPULATION QUANTITY AND FAMILY PLANNING

CHAPTER III

POPULATION QUANTITY AND FAMILY PLANNING

1. Population Size and Growth Rate

Based on the 2020 Population Census, Indonesia's population was recorded at 270 million. This number is almost three times higher than the result of the 1961 Population Census. Despite a continuous decline in the growth rate, the increase in population remains significant each year. From 2010 to 2020, Indonesia's population grew by 32.56 million, or an average of 3.25 million annually. This is only slightly different from the preceding decade (2000-2010), during which the population grew by 31.38 million over the same span.

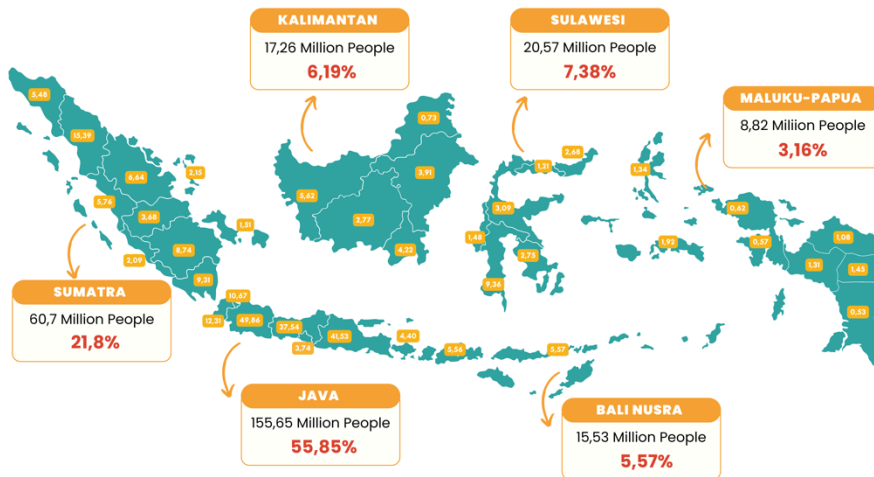


Source: BPS, Population Censuses 1961-2023 and Population Projection 2023

Figure 3.1 Population Growth in Indonesia from 1961 to 2023

In 2023, Indonesia's population was estimated to be 278.696 million, marking an increase of more than 8.5 million over a span of 3 years. This

means that the average annual population increase is around 2.8 million, which is lower compared to the average annual increase during the 2010-2020 period.

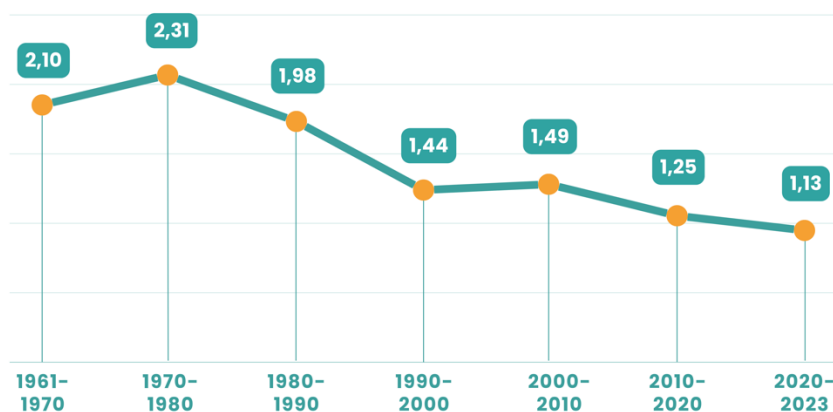


Source: Indonesian Population Projection 2020-2050

Figure 3.2 Population Size (in Millions) by Province in 2023

In 2023, more than half of Indonesia's population was concentrated on Java Island (55.85%), with Sumatera Island having the next highest proportion (21.8%). The size of a region's population is influenced not only by its land area but also by the conditions of the region itself. Regions with better natural resources or facilities tend to attract more residents. Figure 3.2 displays the population size by province in Indonesia. In 2020, six provinces had populations exceeding 10 million: West Java, East Java, Central Java, North Sumatera, Banten, and Special Capital Region of Jakarta. Meanwhile, provinces with populations under 2 million include North Kalimantan, West Papua, Gorontalo, North Maluku, West Sulawesi, Bangka Belitung Islands, and Maluku.

The population growth rate indicates the percentage of population growth in a region over a certain period of time. From 2010 to 2020, the average annual population growth rate in Indonesia was 1.25%, marking a decrease of 0.24% compared to the average annual population growth rate of 1.49% from 2000 to 2010. The population growth rate in Indonesia has declined over time from 2.10% per year during the 1961-1971 period to 1.25% per year during the 2010-2020 period (Figure 3.3). For the 2020-2023 period, the average annual population growth rate in Indonesia was estimated to fall to 1.13%.

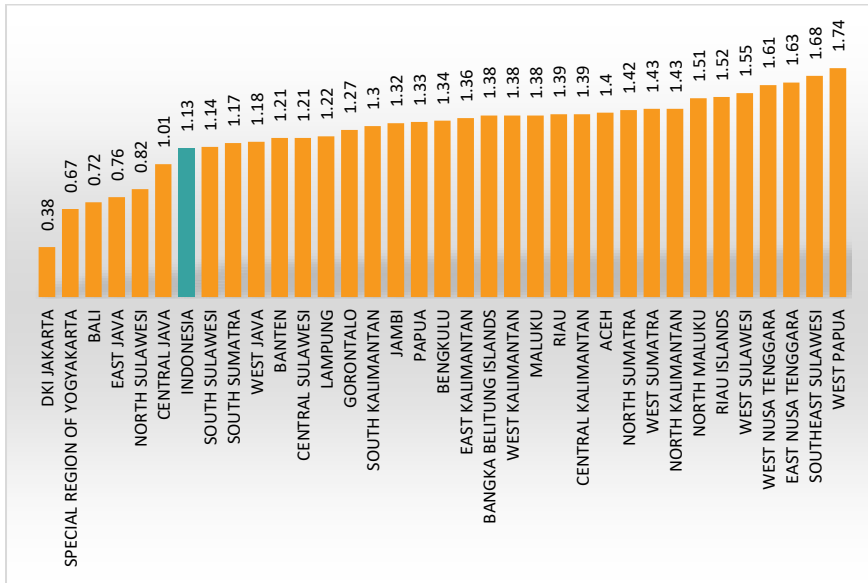


Source: BPS, Population Censuses 1961-2020, Indonesian Population Projection 2020-2050

Figure 3.3 Indonesia's Population Growth Rate Over Time

The decline in population growth rate is influenced by various factors, including birth rate, death rate, and migration. In Indonesia, the successful implementation of the Family Planning program has been a major factor in reducing the population growth rate. By promoting contraceptive use, Indonesia has managed to reduce the average number of children a woman would have during her childbearing years (TFR) from 5.6 in 1971

to 2.18 in 2020. This decrease in TFR has resulted in fewer births and a gradual reduction in Indonesia's population growth rate. As can be seen in the figure, the population growth rate varies significantly across provinces in Indonesia during the 2020-2023 period, ranging from 0.38% to 1.74% annually. Figure 3.4 shows the population growth rate by province.

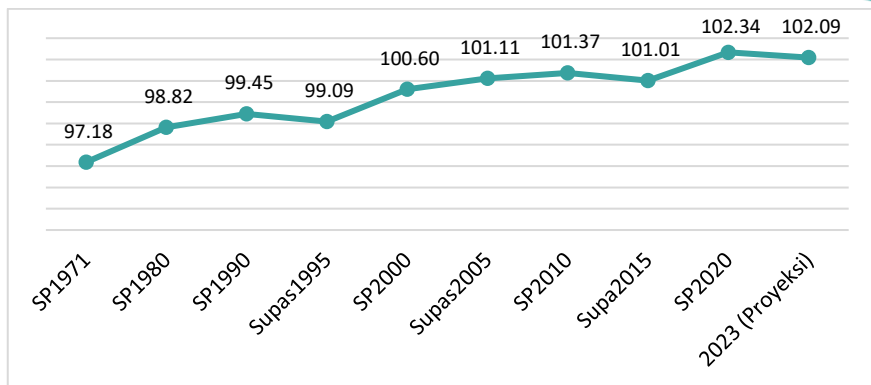


Source: BPS, Population Census 2020 and Indonesian Population Projection 2020-2050

Figure 3.4 Average Annual Population Growth Rate by Province in Indonesia (2020-2023)

2. Population Composition

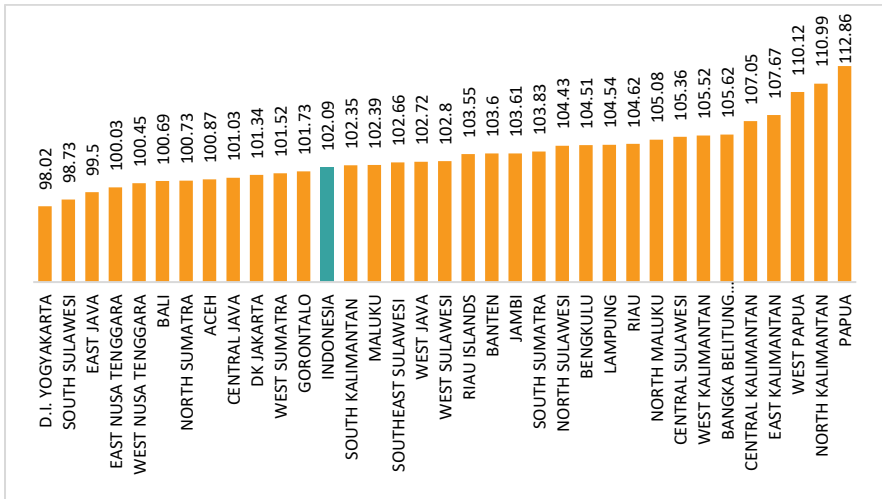
The Sex Ratio refers to the ratio between the male population and the female population, expressed as the number of males per 100 females. In 2020, the overall sex ratio in Indonesia was 102.34, indicating that there were 102 males for every 100 females. As seen in Figure 3.5 below, the sex ratio in Indonesia tends to increase as mortality rate declines.



Source: BPS, Census/Supas of various years and Projection

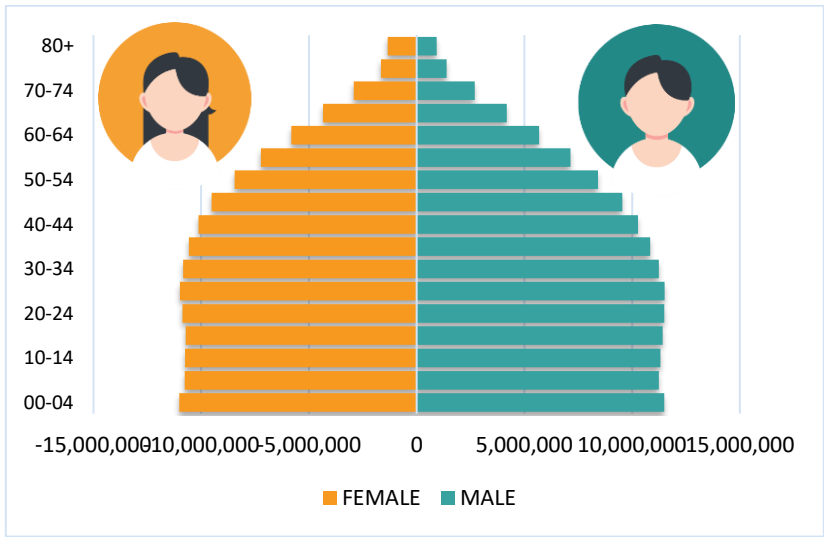
Figure 3.5 Changes in Indonesia's Sex Ratio from 1971 to 2023

The sex ratio across provinces varies significantly, from the lowest in Yogyakarta (98.02), South Sulawesi (98.73), East Java (99.50), and East Nusa Tenggara (100.03), to the highest in West Papua (110.12), North Kalimantan (110.99), and Papua (112.86). In addition to natural factors such as birth and death rates, migration also affects the sex ratio. For instance, South Sulawesi, which is known for having residents who frequently migrate, has a low sex ratio below 100 because many male residents migrate to other regions.



Sources: BPS, Indonesian Population Projection 2020-2050

Figure 3.6 Sex Ratio by Province in 2023



Source: BPS, Indonesian Population Projection 2020-2050

Figure 3.7 Indonesian Population Pyramid in 2023

Indonesia's population composition falls into the expansive pyramid category, with a large base for young age groups despite a decrease in the number of people aged 0-4 compared to previous years. The pyramid's

middle part, representing the working-age population, is convex, indicating a large working-age population with the potential for a demographic dividend if this large population is of high quality. The top part, representing the elderly population, tapers off, indicating a decrease in population size with increasing age. However, as the health of Indonesians improves and life expectancy increases, the elderly population is expected to grow.

3. Working-Age Population and Demographic Dividend

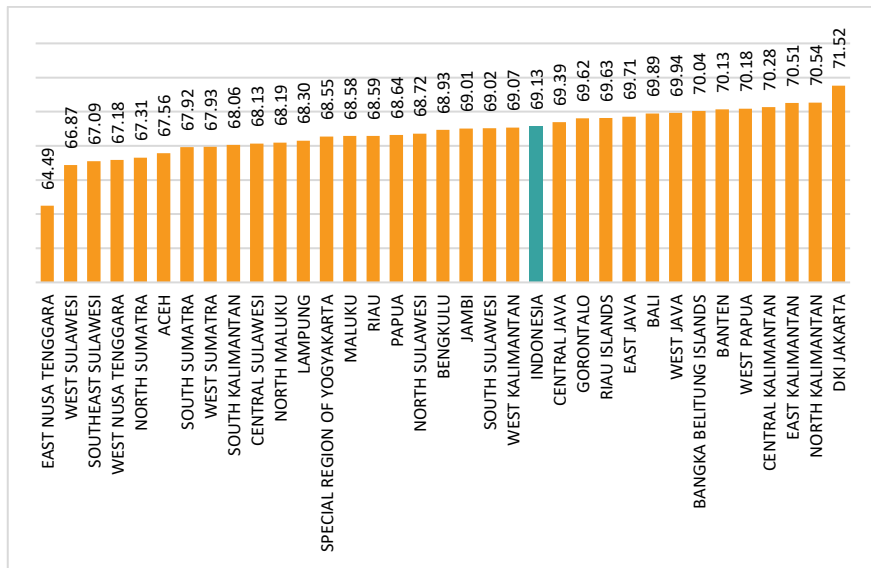
The working-age population, defined as individuals aged 15-64, is crucial for development. In 2020, the percentage of working-age population was 69.28%. This percentage had been increasing over the years. From 2010 to 2020, the working-age population grew at an average rate of 0.31% per year. The highest growth rate was recorded during the 1990-2000 period, with an average increase of 0.55% per year. However, in 2023, the proportion of the working-age population was estimated to slightly decrease to 69.13% (Figure 3.8).



Source: BPS, Population Censuses 1971-2020, and Indonesian Population Projection 2020-2050

Figure 3.8 Growth of the Working-Age Population from 1971 to 2023

A large working-age population can be a key asset for development, provided that it is supported by high-quality individuals and many job opportunities. Provinces with a high proportion of working-age residents include Special Capital Region of Jakarta, North Kalimantan, East Kalimantan, and Central Kalimantan. Meanwhile, provinces with a small proportion of working-age residents include East Nusa Tenggara, West Sulawesi, Southeast Sulawesi, and West Nusa Tenggara (Figure 3.9). The notable differences between provinces lead to variations in dependency ratios and affect the period of the demographic dividend that each province experiences.

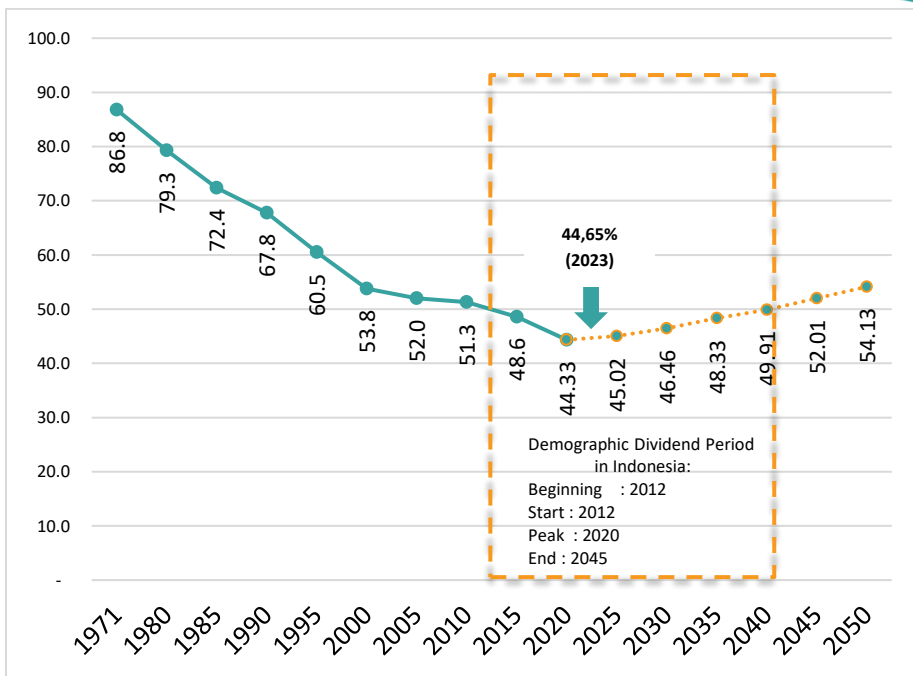


Sources: BPS, Population Projection 2020-2050

Figure 3.9 Percentage of Working-Age Population by Province in 2023

The dependency ratio is the ratio between the non-working-age population (those under 15 and over 65) and the working-age population (ages 15-64). A higher dependency ratio signifies a greater financial burden on the working-age population to support those who are not economically active.

In Indonesia, the dependency ratio in 2023 was estimated to be 44.65, indicating that for every 100 working-age individuals, there were approximately 44-45 non-working-age individuals that they needed to support. This ratio had decreased significantly from 2010 (see Figure 3.10). The decrease in this dependency ratio is partly due to the reduction in birth rates, leading to a smaller proportion of non-working-age individuals.



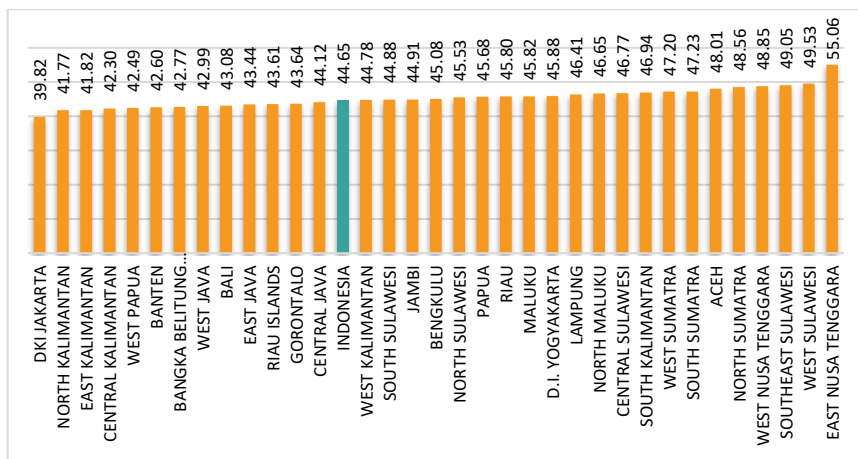
Source: Population Censuses 1990-2020 and Population Projection 2020-2050

Figure 3.10 Changes in Indonesia's Population Dependency Ratio From 1971 to 2050

Changes in the dependency ratio over time may signal when a region's window of opportunity for achieving a demographic dividend arises. A demographic dividend refers to the advantage gained from accelerated economic growth that results from a large working-age population, which emerges due to shifts in the population's age structure. In other words, the demographic dividend can be achieved when the dependency ratio is below 50%. In 2020, Indonesia reached the peak of its demographic dividend period (see Figure 3.10). Indonesia has benefited from this window of opportunity since 2012, and it is expected to last until 2041.

A demographic dividend can be realized by a country or region through several mechanisms (Bloom et al., 2002), mainly by increasing the working-age population and labor force participation, including that of women, reducing dependents that families need to support—thereby boosting savings and investments—and decreasing fertility rates, which improves women’s health and allows families to invest more in children’s health and education. The demographic dividend cannot be achieved automatically. High-quality human resources are a key prerequisite for Indonesia to achieve this.

The dependency ratios across provinces range from 39.82 to 55.06 (see Figure 3.11). Due to high birth rate, this province must work towards reducing it in order to shift the population structure and lower the dependency ratio.



Source: BPS, Indonesian Population Projection 2020-2050

Figure 3.11 Indonesia’s Dependency Ratio by Province in 2023

Special Capital Region of Jakarta has benefited from the demographic dividend since the 1990s, driven by the migration of working-age individuals from other provinces. Conversely, regions with high rates of out-migration have seen a reduction in their working-age population. In contrast to Special Capital Region of Jakarta, East Nusa Tenggara has the highest dependency ratio. This is partly due to its high fertility rate (TFR). In addition to East Nusa Tenggara, other provinces with high TFRs, such as West Sulawesi, Southeast Sulawesi, and West Nusa Tenggara, also have dependency ratios above the national average.

Box 3.1. Stages of the Demographic Dividend Period

The demographic dividend period begins when the dependency ratio (DR) drops below 50. However, the transition into this period also depends on the total fertility rate (TFR) in the region. As TFR decreases, a DR initially above 50 will gradually decline to a point below 50 or even lower. With the continuing decrease in TFR and increasing life expectancy, the proportion of elderly individuals will rise, causing the DR to increase again and exceed 50. This marks the end of the demographic dividend period.

Total Fertility Rate (TFR)	Dependency Ratio (DR)	
	DR $\geq$ 50	DR < 50
TFR $\geq$ 2.1	Pre-Demographic Dividend Period	Demographic Dividend Period
TFR < 2.1	Post-Demographic Dividend Period	Continued Demographic Dividend Period

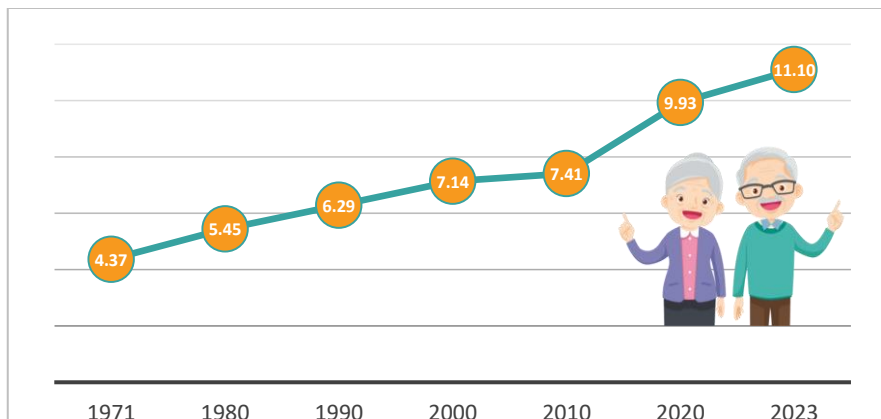
The entire period is generally divided into four stages: the pre-demographic dividend period, where DR is still above 50 and TFR is relatively high; the demographic dividend period, where DR is below 50 and TFR is above replacement level; the continued demographic dividend period, with very low DR and TFR; and the post-demographic dividend period, characterized by a TFR below the replacement level but with DR rising again above 50.

At the national level, Indonesia is currently in the ongoing stage of the demographic dividend period. However, the stages vary at the provincial level, depending on DR and TFR. The estimated duration of these stages also differs between provinces, influenced by the levels of in-migration or out-migration of each province. In 2023, seven provinces had reached the advanced demographic dividend period due to their TFR falling below 2.1, namely all provinces on the islands of Java and Bali.

PROVINCES	BEGINNING OF DEMOGRAPHIC DIVIDEND PERIOD	PEAK OF DEMOGRAPHIC DIVIDEND PERIOD	END OF DEMOGRAPHIC DIVIDEND PERIOD	STAGES OF DEMOGRAPHIC DIVIDEND PERIOD
JAKARTA	1991	2000	2039	Continued Demographic Dividend Period
BALI	1996	2020	2033	Continued Demographic Dividend Period
SPECIAL REGION OF YOGYAKARTA	1996	2005	2033	Continued Demographic Dividend Period
EAST JAVA	1997	2020	2034	Continued Demographic Dividend Period
CENTRAL JAVA	2005	2020	2034	Continued Demographic Dividend Period
BANTEN	2009	2025	2046	Continued Demographic Dividend Period
WEST JAVA	2012	2020	2043	Continued Demographic Dividend Period
NORTH KALIMANTAN	2000	2025	2046	Demographic Dividend Period
EAST KALIMANTAN	2001	2030	>2050	Demographic Dividend Period
SOUTH KALIMANTAN	2004	2020	2039	Demographic Dividend Period
NORT SULAWESI	2008	2020	2036	Demographic Dividend Period
RIAU ISLANDS	2008	2022	2043	Demographic Dividend Period
BANGKA BELITUNG ISLANDS	2009	2020	2042	Demographic Dividend Period
BENGKULU	2012	2020	2040	Demographic Dividend Period
INDONESIA	2012	2020	2040	Demographic Dividend Period
JAMBI	2012	2020	2041	Demographic Dividend Period
CENTRAL KALIMANTAN	2012	2025	2044	Demographic Dividend Period
LAMPUNG	2015	2020	2039	Demographic Dividend Period
SOUTH SUMATERA	2015	2030	2042	Demographic Dividend Period
GORONTALO	2015	2025	2044	Demographic Dividend Period
PAPUA	2016	2020	2042	Demographic Dividend Period
WEST PAPUA	2016	2020	2048	Demographic Dividend Period
RIAU	2017	2030	2044	Demographic Dividend Period
CENTRAL SULAWESI	2017	2030	2045	Demographic Dividend Period
SOUTH SULAWESI	2017	2025	2039	Demographic Dividend Period
WEST KALIMANTAN	2017	2025	2045	Demographic Dividend Period
WEST SUMATERA	2018	2020	2030	Demographic Dividend Period
NORTH SUMATERA	2019	2020	2037	Demographic Dividend Period
ACEH	2019	2025	2043	Demographic Dividend Period
WEST NUSA TENGGARA	2019	2030	2043	Demographic Dividend Period
NORTH MALUKU	2019	2035	2048	Demographic Dividend Period
MALUKU	2019	2025	2049	Demographic Dividend Period
SOUTHEAST SULAWESI	2020	2030	2045	Demographic Dividend Period
WEST SULAWESI	2022	2025	2033	Demographic Dividend Period
EAST NUSA TENGGARA	-	-	-	Pre-Demographic Dividend Period

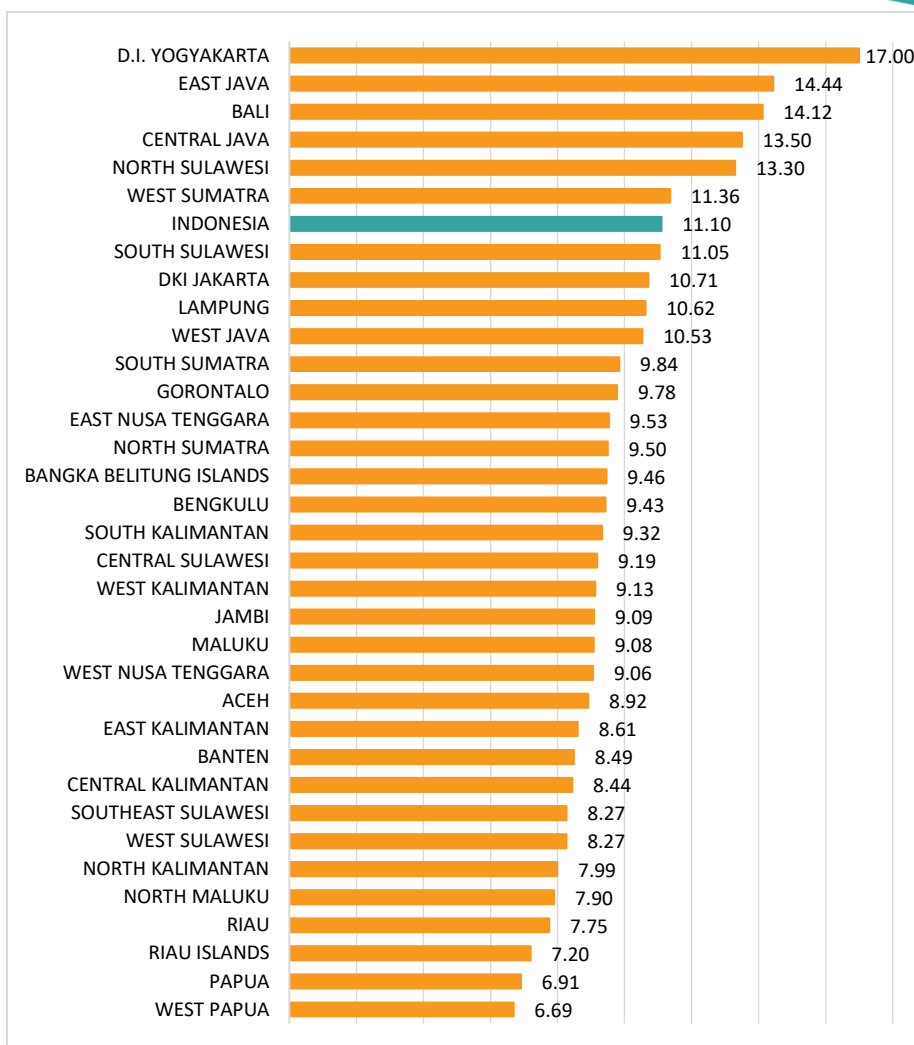
4. Elderly Population

Over the past 50 years, life expectancy in Indonesia had increased from 46 years in 1971 to approximately 73 years in 2020. This increase means that average Indonesians now enjoy a longer life. Consequently, the age structure of Indonesia's population has shifted towards older age groups. This shift has resulted in an increase in the percentage of the population aged 60 and above, reaching over 10%. Over these 50 years, the percentage of elderly had more than doubled, rising from 4.37% in 1971 to 9.93% in 2020, and 11.10% in 2023. The most significant increase occurred between 2010 and 2020 (see Figure 3.12). In 2045, it is projected that the elderly population will make up more than one-fifth of Indonesia's population.



Source: BPS, Population Census 1971–2020 and Indonesia Population Projection 2020–2050

Figure 3.12 Percentage of Elderly Population 1971-2023



Source: BPS, Indonesia Population Projection 2020-2050

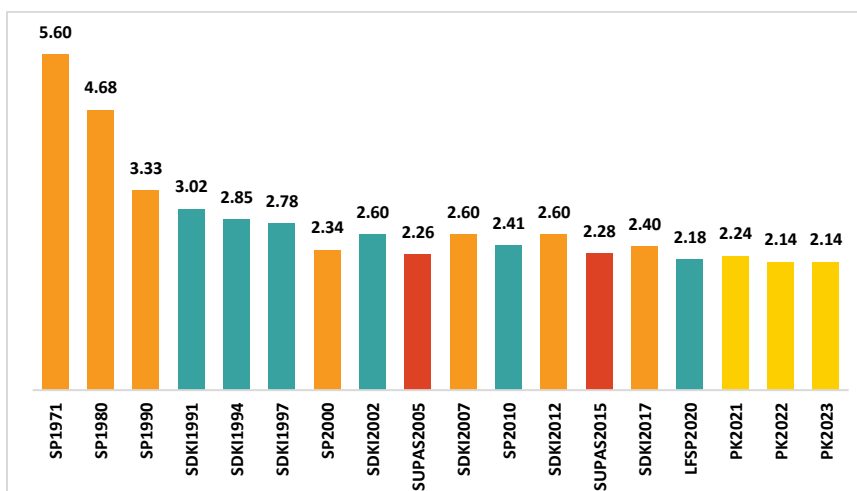
Figure 3.13 Percentage of Elderly Population by Province 2023

The distribution of the percentage of elderly population among provinces varied, ranging from 6.69% in West Papua to the highest percentage of 17.00% in the Special Region of Yogyakarta. In 2020, six provinces percentaged more than 10% of the elderly population, namely the Special Region of Yogyakarta, East Java, Bali, Central Java, North Sulawesi, and

West Sumatera. However, in 2023, the number increased to 10 provinces, namely those mentioned previously plus South Sulawesi, the Special Capital Region of Jakarta, Lampung, and West Java. Such a percentage characterizes a province as entering a state of aging population. This change in population composition was due to the already low birth rate and improved health services, which had a positive impact on increasing life expectancy. Therefore, there is a need for development policies that are more friendly to the elderly in these provinces.

5. Fertility

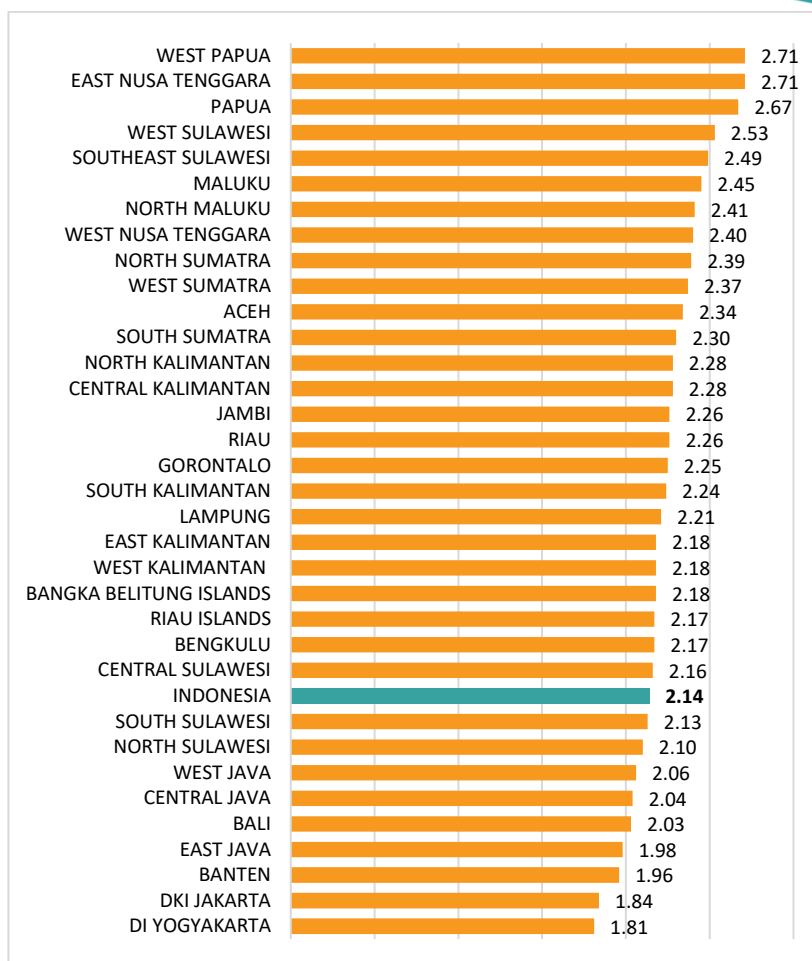
Indonesia has been considered successful in implementing the family planning program to reduce fertility, so that in 1989, UNFPA awarded President Soeharto in the field of population. The long journey of fertility reduction in Indonesia began in 1970 through the Family Planning program with the establishment of the National Family Planning Coordinating Board (BKKBN). In 1971, the total fertility rate (TFR) in the country was 5.6, meaning that each woman had an average of 5–6 children. The consistent implementation of the program for more than five decades has continued to reduce fertility to 2.18 according to the Long Form Population Census 2020 (PC2020) and to 2.14 according to the 2023 Family Data Update.



Source: SP1971-2010, SDKI 1991-2017, SUPAS 2005-2015, Long Form PC 2020, PK2021-2023

Figure 3.14 Total Fertility Rates in Indonesia 1971-2023

The decline in the TFR provides an opportunity for the Indonesian population to make optimum use of the country's development. The continuously decreasing TFR leads to a decrease in maternal mortality, infant mortality, and population growth rate. Less family burden due to fewer children per family allows parents to improve the quality of their children's education and health. Along with this, the government can also focus on programs to improve the quality of the population, such as improving the quality of education and health services. The resonance of efforts from all families and government programs can accelerate the creation of a superior and competitive quality population.



Source: BKKBN, Family Data Collection 2023

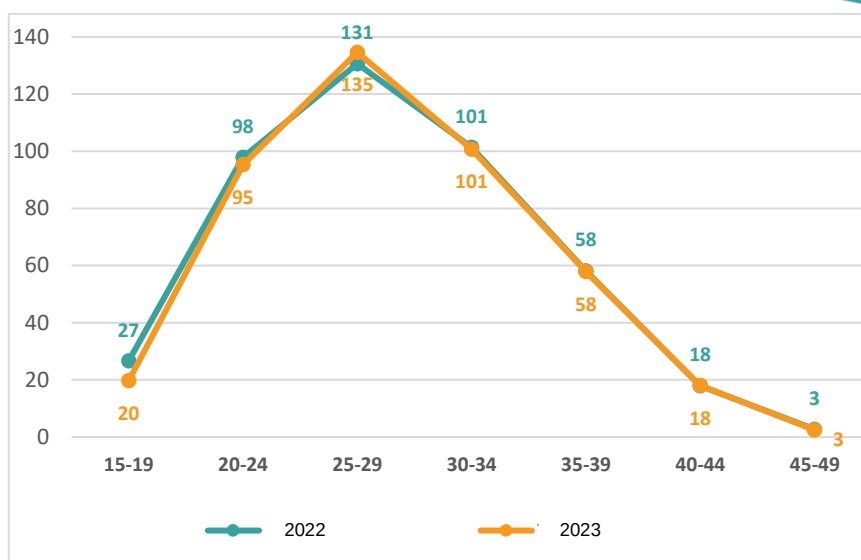
Figure 3.15 Total Fertility Rates by Province 2023

Indonesia's 2020–2024 RPJMN targets to reduce TFR to 2.1 children per woman by 2024. This figure is considered ideal as it indicates Balanced Population Growth (PTS). Once achieved, PTS is expected to last for a long period of time in order to extend the demographic dividend period that Indonesia is currently experiencing.

Based on province, the TFR varied from the lowest of 1.81 (Special Region of Yogyakarta) to the highest of 2.71 (West Papua). The provinces with the highest TFR were in the eastern part of Indonesia, namely West Papua (2.71), East Nusa Tenggara (2.71), and Papua (2.67). Meanwhile, among the provinces with a very low TFR of 2.1 or lower were North Sulawesi (2.1), West Java (2.06), Central Java (2.04), Bali (2.03), Banten (1.96), East Java (1.98), Special Capital Region of Jakarta (1.84), and Special Region of Yogyakarta (1.89)

The TFR in each province is expected to narrow further towards 2.1 in the future. Population development in regions that have reached a TFR below 2.1 no longer focuses on reducing the TFR but on improving the quality of the population. Meanwhile, regions with TFRs still above 2.1 are expected to slowly reduce the TFR while continuing to implement programs to improve the quality of human resources.

Besides TFR, the birth rate is also measured by the age-specific fertility rate (ASFR). This indicator measures fertility by age group, looking at the number of births by women of a specific age group out of 1,000 women of that age group. This is important to note because fertility changes as women age. In addition, ASFR data can provide direction for program interventions according to women's age groups.



Source: Long Form PC2020 and Family Data Update 2023

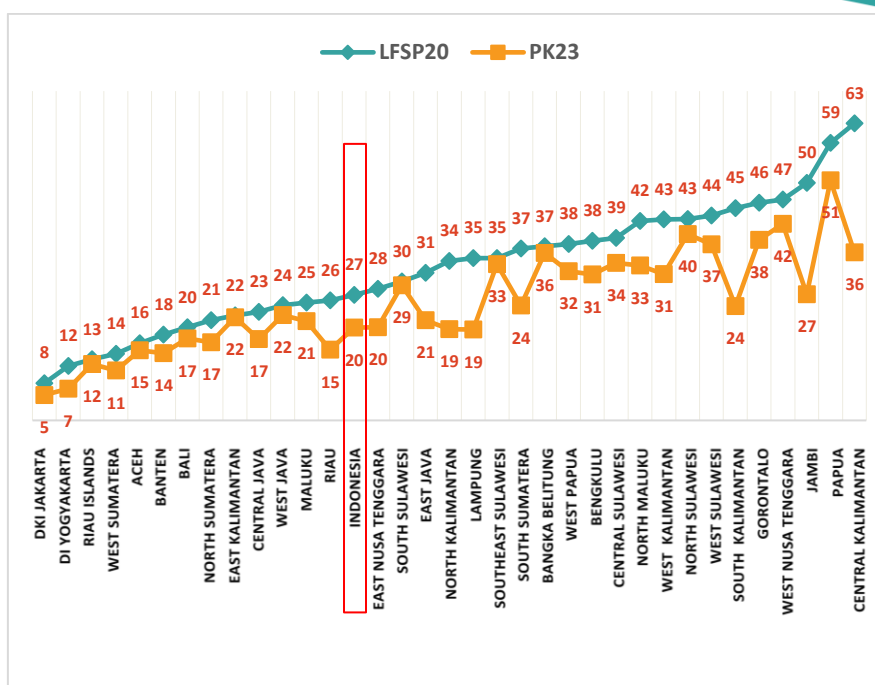
Figure 3.16 ASFR in Indonesia 2022 Versus 2023

The trend in birth rates by age group shows a low birth rate at 15–19 years of age, then an increase and peak at 25–29 years of age, and finally a gradual decline as the age group gets older. The ASFRs in both 2020 and 2023 followed such a pattern. The differences are slight, including that the ASFR in the 15–19 age group was 27 in 2022 and then dropped to 20 in 2023. The ASFR in the 20–24 age group also decreased from 98 in 2022 to 95 in 2023. Meanwhile, the peak ASFR in the 25–29 age group increased from 131 to 135. The remaining age groups percentaged the same ASFRs in 2022 and 2023.

ASFR in the 15-19 age group is of concern to the government because it reflects the birth rate among adolescents. Pregnancy and childbirth at the age of 15–19 years are considered too young and have a high risk of maternal and infant mortality. Moreover, this age group is psychologically unprepared for motherhood, putting them at higher risk of poor

parenting, which in turn leads to an increased risk of stunting and malnutrition among children under five. Another adverse impact is that women will have a longer period of potential pregnancy/birth if they start giving birth at 15–19 years old, which could lead to higher overall fertility.

The reduction in ASFR for 15–19 years old is not only aimed at reducing TFR but more importantly at improving the quality of reproductive health, in addition to being one of the cornerstones for developing the quality of the Indonesian population. Regions with high ASFRs in the 15–19 age group, reaching above 50, must be aggressively intervened with programs to bring the figures down. Improving the quality of women's education, opening up employment opportunities for women, and alleviating poverty are determinants of the decline in the ASFR of 15–19 years old. Therefore, programs that can reduce the ASFR of 15–19 years need to be reinforced in order to achieve the set targets.



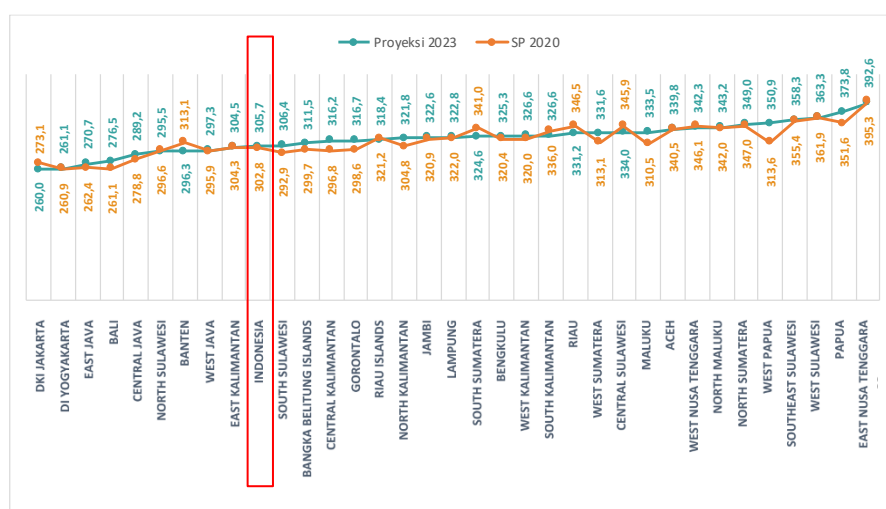
Source: Long Form PC2020 and Family Data Update 2023 (PK2023)

Figure 3.17 ASFR 15–19 per Province in Indonesia 2022 Versus 2023

In general, the ASFRs of 15–19 years old in all provinces in 2023 decreased from those in 2022. The ASFRs of 15–19 years old in 2022 ranged from 8 to 63 births per 1,000 women, while they ranged from 5 to 51 births per 1,000 women in 2023. In general, the ASFRs of 15–19 years old in 2023 were lower than in 2022. This shows that the program to reduce teenage birth rates has been on track in almost all regions of Indonesia with a collective decline. However, the national ASFR of 15–19 years old in 2022 was still below the 2020–2024 RPJMN target of 18 births per 1,000 women by 2024. Meanwhile, at the sub-national level, nine provinces managed to achieve the target, namely Special Capital Region of Jakarta, Special

Region of Yogyakarta, Riau Islands, West Sumatra, Aceh, Banten, Bali, North Sumatra, and Central Java.

Child-Woman Ratio (CWR) is also an indicator of fertility. CWR is the ratio of the number of children aged 0–4 per 1,000 female population aged 15–49. Compared to TFR, CWR is simpler and can be used as a rough estimate of fertility. It can be used as a rough estimate of fertility in an area where there is a lack of data to calculate the TFR. See Figure 3.18 below for an overview of CWRs in Indonesia.



Source: Population Census 2020 and Population Projection 2023

Figure 3.18 Child Women Ratio (CWR) in Indonesia 2020 and Projection 2023 by Province

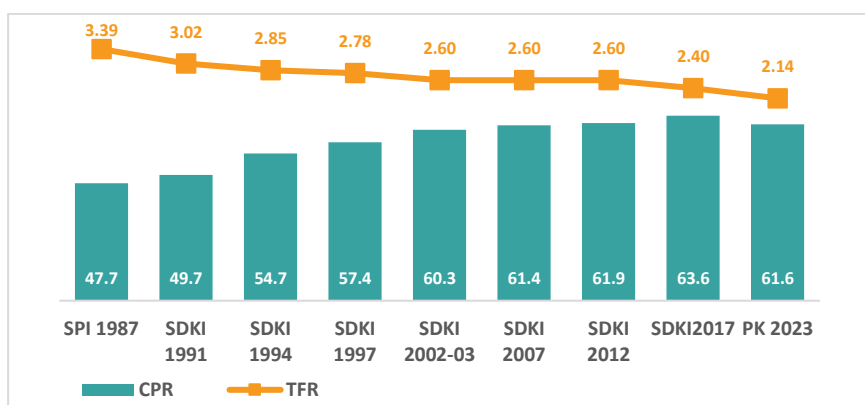
Indonesia's CWR according to the 2020 Population Census was 302.8 children per 1,000 women aged 15-29 years, while according to the 2023 Population Projections it was 305.7 children per 1,000 women aged 15-29 years. Figure 3.18 shows the comparison between the CWRs in 2023 and 2020. The CWRs in 2023 in some provinces increased while others decreased from those in 2020. The CWRs in 2020 ranged from 260.9 to

395.3, while in 2023 they ranged from 260.0 to 392.6. The highest increase in CWR occurred in West Papua from 313.6 to 350.9, while the lowest decrease occurred in Banten from 313.1 to 296.3.

6. Family Planning

The Family Planning program is an integral part of the discussion on population quantity in Indonesia. Contraceptive use is one of four proximate determinants of fertility. Programs related to population quantity have several indicators that are monitored in planning documents, such as the National Medium-Term Development Plan (RPJMN) or the National Long-Term Development Plan (RPJPN).

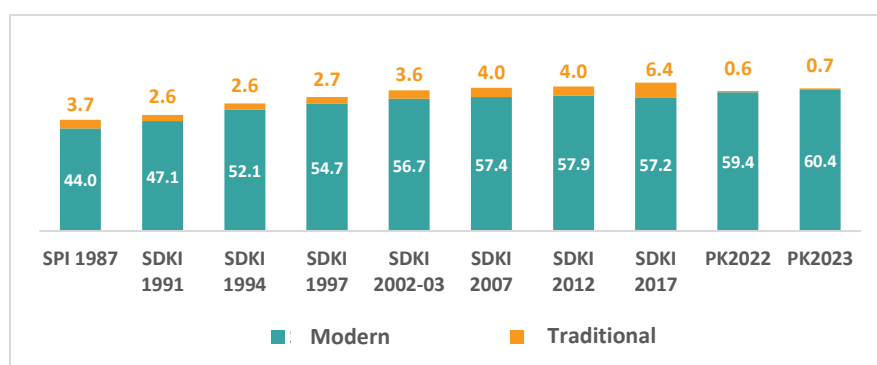
Contraceptive Prevalence Rate (CPR) is an indicator that measures the level of contraceptive use by women of childbearing age. Contraceptive use provides couples of childbearing age with protection from pregnancy, thereby preventing births and in turn controlling population size. Couples of childbearing age are said to use contraception if they use at least one contraceptive device/method/medicine to prevent pregnancy, including modern contraceptive methods (pills, injectables, implants, female sterilization, male sterilization, intrauterine devices, condoms, lactational amenorrhea method) and natural contraceptive methods (calendar/periodic abstinence, complete abstinence, coitus interruptus, herbal medicine, and others).



Source: SPI 1987, SDKI 1991 – SDKI 2017, PK2023

Figure 3.19 Contraceptive Prevalence Rates 1987-2023

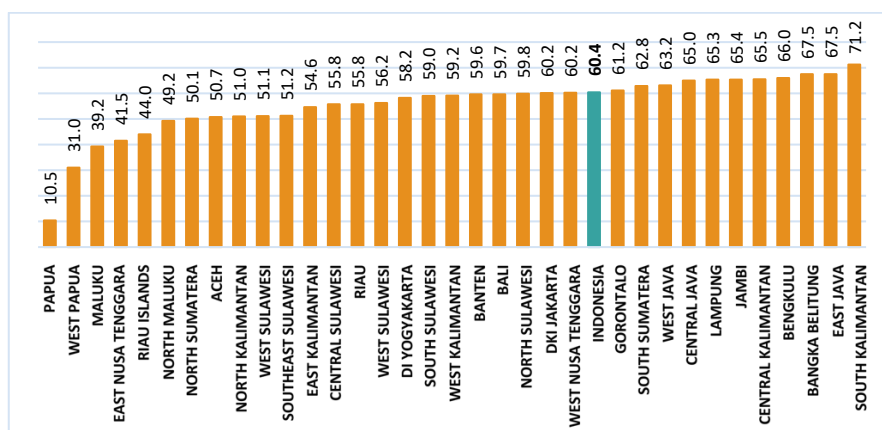
Figure 3.19 shows a negative relationship between TFR and CPR that TFR tends to decrease as CPR increases. In 1987, Indonesia's TFR was 3.39 while the CPR was 47.7%, then the CPR consistently increased to 61.2 while the TFR decreased to 2.14 by 2023. This is sufficient proof that contraceptive use contributes significantly to the reduction of TFR. Contraceptive use is dominated by modern contraceptives with an increase in CPR from 44.0% in 1987 to 60.4% in 2023.



Source: SPI 1987, SDKI 1991 – SDKI 2017, PK2022 – PK2023

Figure 3.20 Modern Versus Traditional Contraceptive Prevalence Rates

Modern contraceptive use is an indicator that is always monitored by the government, even integrated into the 2020–2024 RPJMN. It has become a method that the government relies on in population quantity intervention programs because it is more effective than traditional contraceptive use.



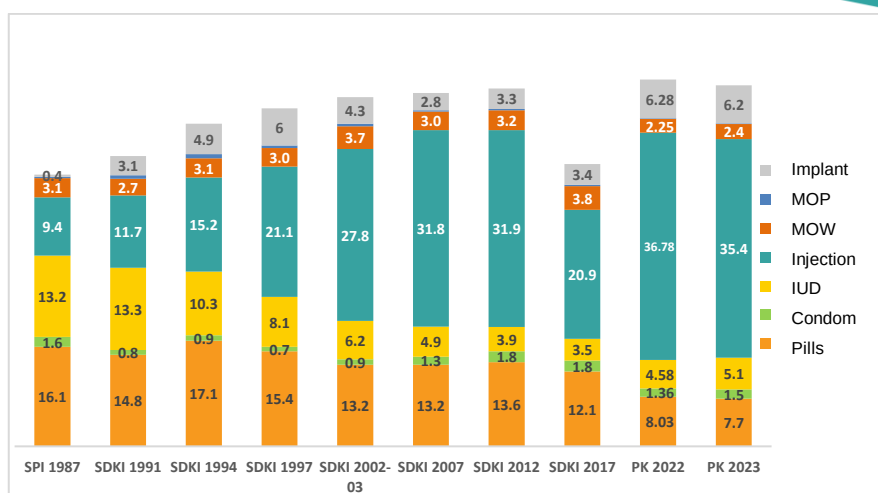
Source: Family Data Update 2023

Figure 3.21 Modern Contraceptive Prevalence Rates by Province 2023

Figure 3.21 shows a fairly wide range of modern contraceptive prevalence rates from 10.5% in Papua to 71.2% in South Kalimantan. This shows that there is still a huge disparity in modern contraceptive use among provinces in Indonesia. Ten provinces have achieved mCPR above the national rate (60.4%), namely South Kalimantan (71.2%), East Java (67.5%), Bangka Belitung Islands (67.5%), Bengkulu (66.0%), Central Kalimantan (65.5%), Jambi (65.4%), Lampung (65.3%), Central Java (65.0%), West Java (63.2%), South Sumatra (62.8%), and Gorontalo (61.2%). On the other hand, mCPR in five provinces is still very low (<45%), namely North Maluku (49.2%), Riau Islands (44.0%), East Nusa Tenggara (41.5%), Maluku (39.2%), West Papua (31.0%), and Papua (10.5%).

Family planning policies for areas with high mCPR include maintaining the availability of contraceptive devices/medicines and services that are easily accessible to the community while improving the quality of contraceptive use. Improving the quality of contraceptive use includes aligning the purpose of use with the method used. For example, long-term contraceptive methods are used to limit the number of children, while short-term contraceptive methods are used to space pregnancies. In addition, choosing an appropriate contraceptive method should also consider the health condition of the couple of childbearing age. Meanwhile, regions with low mCPRs still need policies that encourage more aggressive contraceptive use without ignoring the rights of users to choose contraceptive methods.

Modern contraceptive use in Indonesia can be observed in more detail from the proportion of different modern contraceptives. An overview of the use of each type of modern contraceptive method is important to see the proportion. Contraceptive devices/medicines can be grouped based on the period of protection against pregnancy or whether or not they are hormonal. Long-acting contraceptives include IUDs, implants, female sterilization, and male sterilization, while hormonal contraceptives include injectables, pills, and implants. An overview of the pattern of contraceptive use will provide policy direction on the types of interventions for contraceptive use that are in accordance with the types of contraception targeted in development documents, such as the Long-Acting Reversible Contraception (LARC) which is targeted in the 2020-2024 BKKBN Strategic Plan.



Source: SPI 1987, SDKI 1991 – SDKI 2017, PK2022, PK2023

Figure 3.22 Mixed Modern Contraceptive Prevalence Rates

Figure 3.22 shows that the proportion of contraceptive device/medicine use has changed compared to when the family planning program was first launched. According to the NICPS 1987 data, the most commonly used contraceptive types were pills (16.1%), IUDs (13.2%), and injectables (9.4%). Over time, the rate of IUD use dropped to 5.1% according to the Family Data Update 2023. The rate of pill used also dropped to 8.03%, while the rate of injectable use increased quite significantly from 9.4% to 35.4% (almost tripling). Therefore, the three contraceptives that had the largest percentage in 2023 were injectables (35.4%), pills (7.7%), and implants (6.2%).

Current contraceptive use is dominated by the use of short-acting contraceptives, especially injectables and pills. Such contraceptive use is considered less than ideal because both contraceptives only provide short-term protection against pregnancy, and are prone to discontinuation, which leads to an increased risk of unintended pregnancies. In order for

protection against pregnancy to be effective, contraceptive users need to be disciplined in having repeat injections (monthly or quarterly) or taking pills daily.

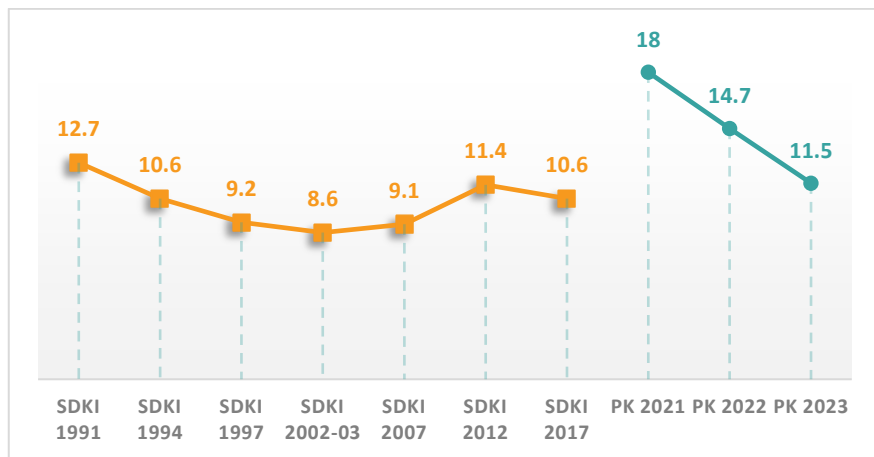
BKKBN seeks to increase the use of long-acting contraceptives, with the hope that discontinuation will be reduced in order to reduce the risk of unintended pregnancies. The use of contraceptive devices/medicines should be more tailored to the needs of the user, whether to space or limit pregnancies. The need to limit or space pregnancies determines the appropriate contraceptive device/medicine. The continuity of contraceptive use must always be well maintained, considering that the majority of Indonesian population is currently of childbearing age who can carry out reproductive functions. Therefore, contraceptive devices, medicines, and services must be available and affordable for all couples of childbearing age so that all contraceptive needs can be met.

Unmet need for contraceptive use is an indicator that describes the percentage of couples of childbearing age who have an unmet need for contraception. Those with unmet need are targeted couples of childbearing age who need to be continuously identified so that they can access the full range of contraceptive services available. The need for contraceptive use is divided into two, namely the need to limit the number of children and to space births.

Ideally, each need for contraceptive use should be in accordance with the type of contraception used. For example, to limit the number of children, the suitable type of contraceptive to use is a long-acting contraceptive, such as male sterilization, female sterilization, implants, or IUDs, which provide up to 10 years of protection from pregnancy. Meanwhile, for

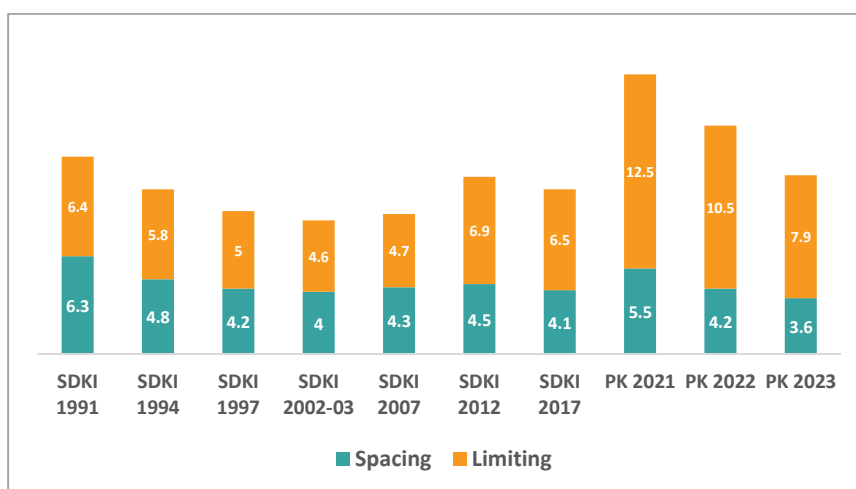
spacing births, the suitable type of contraceptive is a short-acting contraceptive, such as injectables, pills, condoms. Alignment between contraceptive type and need can also reduce the risk of contraceptive dropout or failure, thereby reducing the number of unintended pregnancies.

The trend of unmet need was seen to decline consistently from 1991 (12.7%) to 2007 (9.1%), then increased in 2012 (11.4%), and fell again in 2017 (10.6%). According to another data source, unmet need increased considerably in 2021, decreased slightly in 2022 to 14.7%, and dropped again to 11.5 in 2023. Compared to the 2020–2024 RPJMN target of 7.7% by 2023, the unmet need in 2023 of 11.5% did not reach the target.



Soucer: SDKI 1991 – SDKI 2017, PK2021, PK2022, PK2023

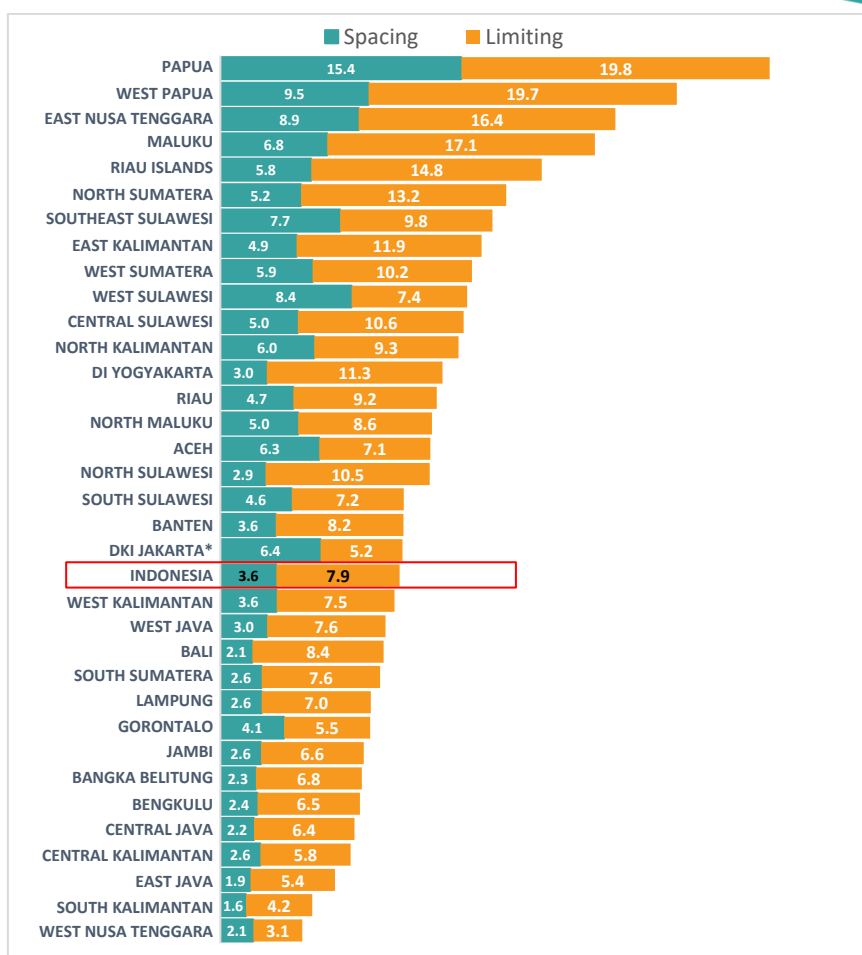
Figure 3.23 Unmet Need for Family Planning in Indonesia



Source: SDKI 1991 – SDKI 2017, PK2021, PK2022, PK2023

Figure 3.24 Unmet Need for Family Planning by Category

Figure 3.24 shows that the need for family planning for limiting births experienced an increase, especially after 2012. In other words, more people needed birth control as there was a decrease in the perception of the ideal number of children. Compared to the national target in 2023 as set in RPJMN 2020-2024, the target was 7.7%. On the other hand, the percentage of the national unmet need in 2023 was 11.5%, above the target of 7.7%. Therefore, the target was not hit.

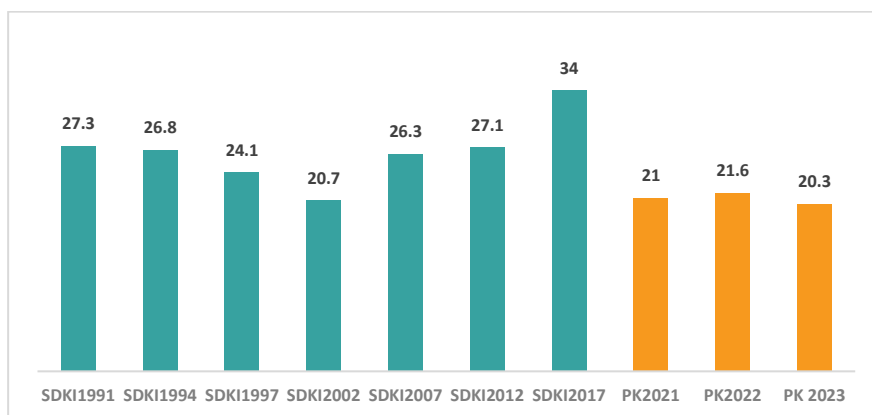


Source: Family Data Update 2023

Figure 3.25 Unmet Need for Family Planning by Province 2023

By province, the highest unmet need was that of Papua at 35.2% while West Nusa Tenggara's unmet need was the lowest at 5.2%. The range of the unmet need is vast. In other words, there are significant disparities among provinces. Compared to the target of 7.7% in RPJMN 2023, only three provinces hit the national target, i.e., West Nusa Tenggara, South Kalimantan, and East Java.

The Discontinuation Contraceptive Rate (DCR) in 12 months is the percentage of contraceptive use which is stopped in the last 12 months in the observation period of 5 years or 60 months before a survey is conducted. This indicator is used to measure the quality of use of contraceptive methods among couples of childbearing age. DCR by contraception method and reason can be used to look at the acceptability rate of a particular contraception method based on its side effects or failure.

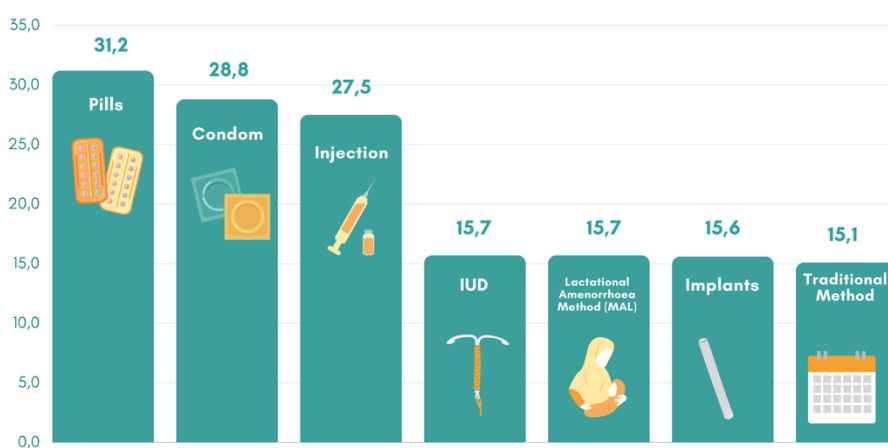


Source: SDKI 1991 – SDKI 2017, PK 2021, PK 2022, PK2023

Figure 3.26 Contraceptive Discontinuation Rate

It can be seen that DCR fluctuated on an annual basis. Based on SDKI 1991 to SDKI 2017, the lowest DCR was 20.7%, and it gradually increased to 34%. Based on the Family Data 2021 and the Family Data Update 2022, this figure fell to 21% in 2021. Then, it saw an increase to 21.6% in 2022. One year later, it decreased to 20.3%. The ups and downs show how dynamic DCR is. Compared to Renstra BKKBN 2020-2024, the target of DCR in 2023 was 21.59%. In fact, the DCR was 20.7%. In other words, Indonesia hit the target.

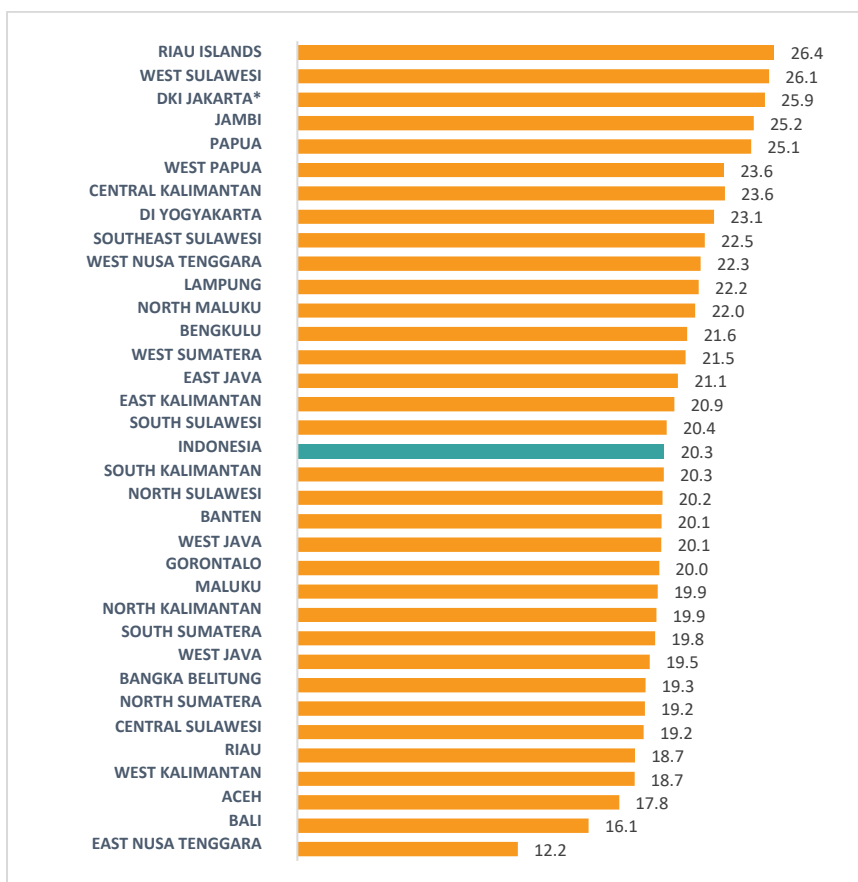
DCR by contraceptive device is worth noting. Therefore, the contraceptive devices with higher DCR can be known. They are pills (31.2%), injections (28.8%), and condoms (27.5%). On the other hand, the devices with the lowest DCR are IUD (15.7%) and implants (15.5%). It shows that short-term contraceptive methods have higher DCR than the long-term ones. To prevent DCR and pregnancy in the long run, couples of childbearing age should be encouraged to use long-term contraceptive methods, instead of the short-term ones.



Source: Family Date Update 2023

Figure 3.27 Contraceptive Discontinuation Rates by Method 2023

Provinces with the highest DCR were Riau Islands (26.4%), West Sulawesi (26.1%), DKI Jakarta (25.9%), Jambi (25.2%), and Papua (25.1%). Meanwhile, DCR in 17 other provinces was below the national figure. East Nusa Tenggara had the lowest DCR at 12.2%. Compared to the national target of DCR in 2023 at 21.59%, 21 provinces had DCR below this proportion. In other words, many provinces hit the target (Figure 3.31).



Source: Family Data Update 2023

Figure 3.28 Contraceptive Discontinuation Rates by Province 2023



POPULATION QUALITY & HUMAN DEVELOPMENT

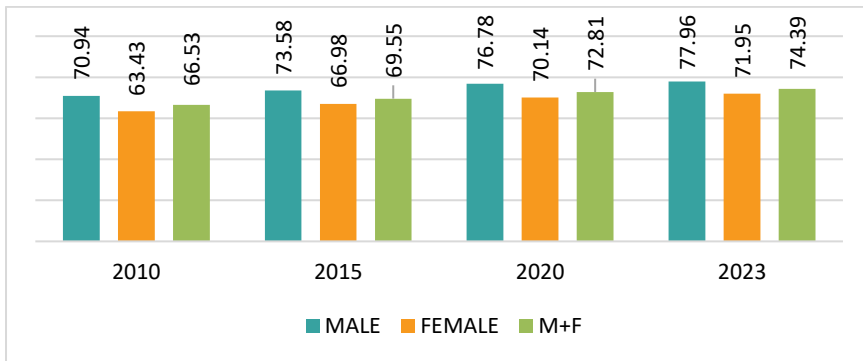
CHAPTER IV

POPULATION QUALITY AND HUMAN DEVELOPMENT

1. Human Development

Human development is as important as physical and economic development. The high level of human development determines how people can absorb and manage the sources of economic growth, related to technology and institutions as an important means for economic growth. High-quality human resources are a vital prerequisite for sustainable economic development.

To measure human development, the United Nations Development Programme (UNDP) introduced the Human Development Index (IPM). It highlights the importance of humans and their resources for development. This index is calculated from the average measurement of the achievements of the three main dimensions of human development, i.e., long and healthy life, knowledge, and decent living standards. Long and healthy life is measured by life expectancy at birth (In 2020-2023, it was calculated based on SP2020 results). Knowledge is measured by the average years of schooling among the population aged 25 years and over and the expected years of schooling among the population aged 7. On the other side, decent living standards are measured by real expenditure per capita adjusted.

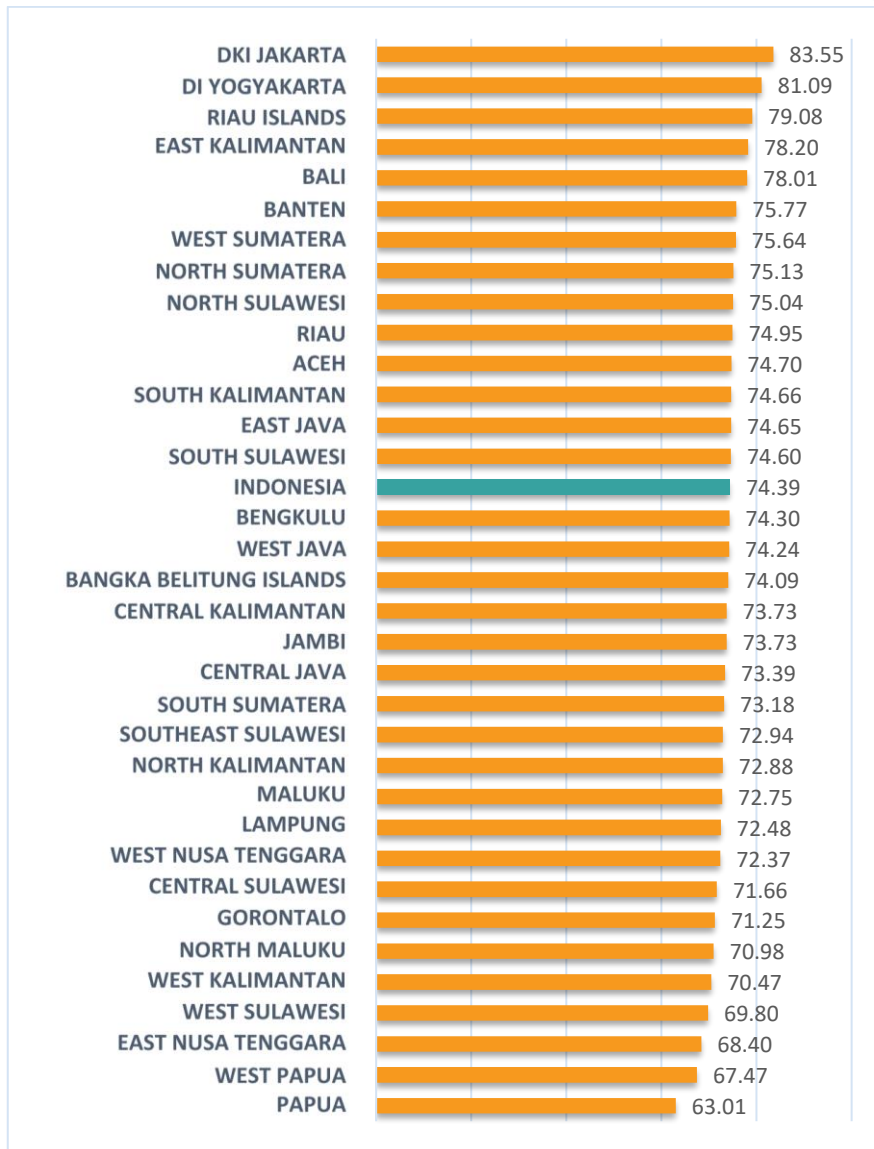


Note: In 2020 and 2023, the calculation was based on UHH as a result of SP2020LF

Source: BPS

Figure 4.1 Human Development Index by Gender 2010-2023.

According to Statistics Indonesia (BPS), the IPM of Indonesia improves every year. In 2023, it was 74.39, increasing from 72.81 in 2020. The increasing IPM is supported by almost all of its indicators, i.e., life expectancy at birth, average years of schooling, and real expenditure per capita in line with improved economic performance. In 2010-2015, Indonesia's IPM was moderate (on a scale of 60-70). Then, in 2023, it became high (70-80) (BPS, 2023). Therefore, our IPM has been 'high' since 2020. However, the IPM of men was significantly higher than that of women, 77.96 compared to 71.95 in 2023.



Source: BPS

Figure 4.2 Human Development Index by Province 2023

Last year, all provinces had better IPM than before even though IPM saw a rise, the gaps among provinces were huge. It reflects the huge gaps of human resources quality among provinces in Indonesia. There were huge

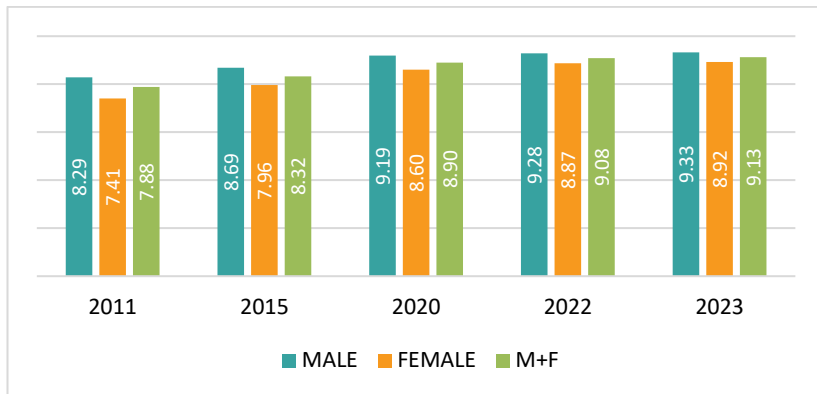
differences in three main components of IPM. In 2023, DKI Jakarta had the highest IPM at 83.55, while Papua's IPM was the lowest at 63.01.

2. Education Quality

Education plays an important role in improving the quality of human resources as it improves self-ability and the ability to boost productivity and income, which in turn promotes economic growth. In simple terms, the level of education in a region can be seen from the average years of schooling among its population, school participation rates, and the level of education completed.

a. Mean Years of Schooling

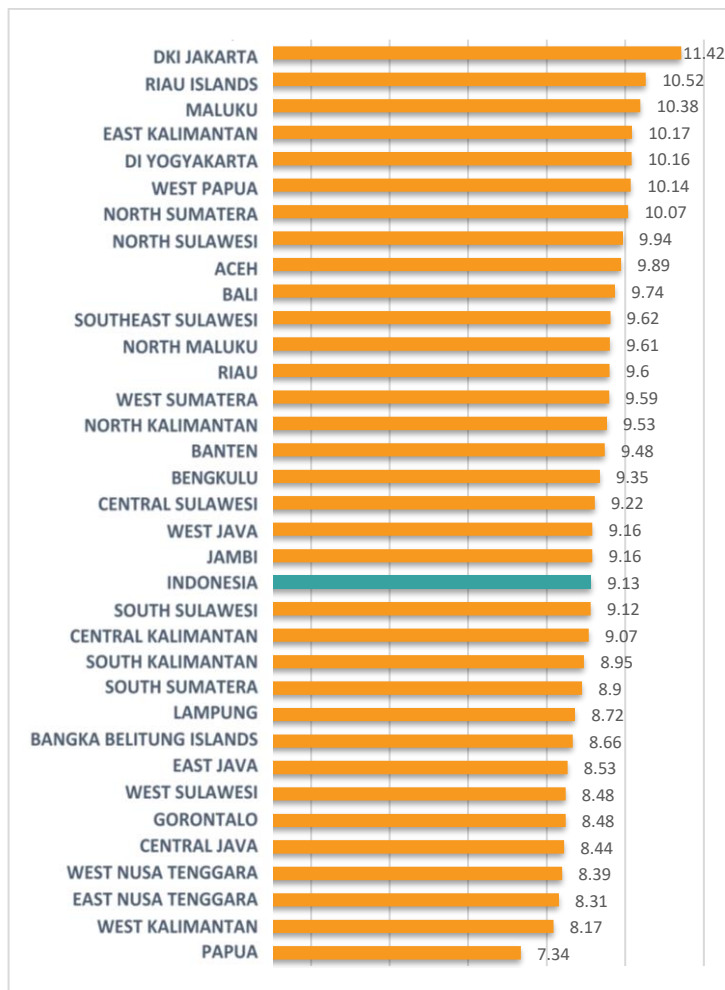
Mean Years of Schooling (RLS) is the average years spent by the population aged 15 and over in all levels of education. The national RLS in 2023 was 9.13 years or equivalent to finishing secondary school. Despite its continuous increase, in the long run, RLS is projected to witness a slight rise as shown in Figure 4.3. It only increased by 1.25 years over 12 years (2011-2023).



Source: BPS

Figure 4.3 Mean Years of Schooling of Population Aged over 15 by Gender 2011-2023

In addition to the small increase in RLS, gender disparities and disparities among provinces should be considered. Men had higher RLS than women, but the gap became narrower (Figure 4.3.). Huge disparities can be seen among provinces. DKI Jakarta, Riau Islands, Maluku, East Kalimantan, DI Yogyakarta, West Papua, and North Sumatra had RLS above 10 years. In contrast, several provinces had RLS below 8 years, such as Papua at 7.34 years. In other words, most of its population aged 15 and over did not finish their secondary school (Figure 4.4). The disparity of education quality among provinces still poses a challenge.



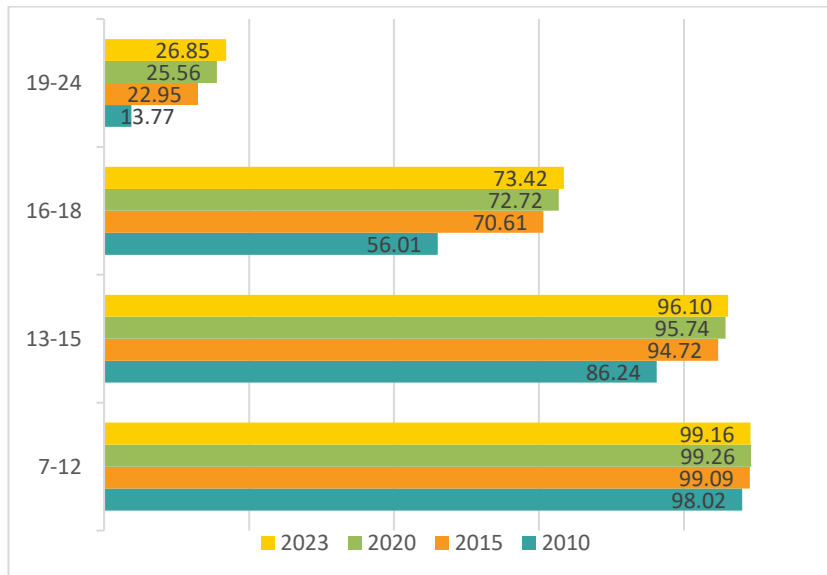
Source: BPS

**Figure 4.4 Mean Years of Schooling of Population Aged over 15
by Province 2023**

b. School Participation

The School Participation Rates (APS) are the ratio between the number of school-age students attending school at various levels of education and the school-age population. Higher APS indicates that more school-age children attend school in a region. In the long run, the school

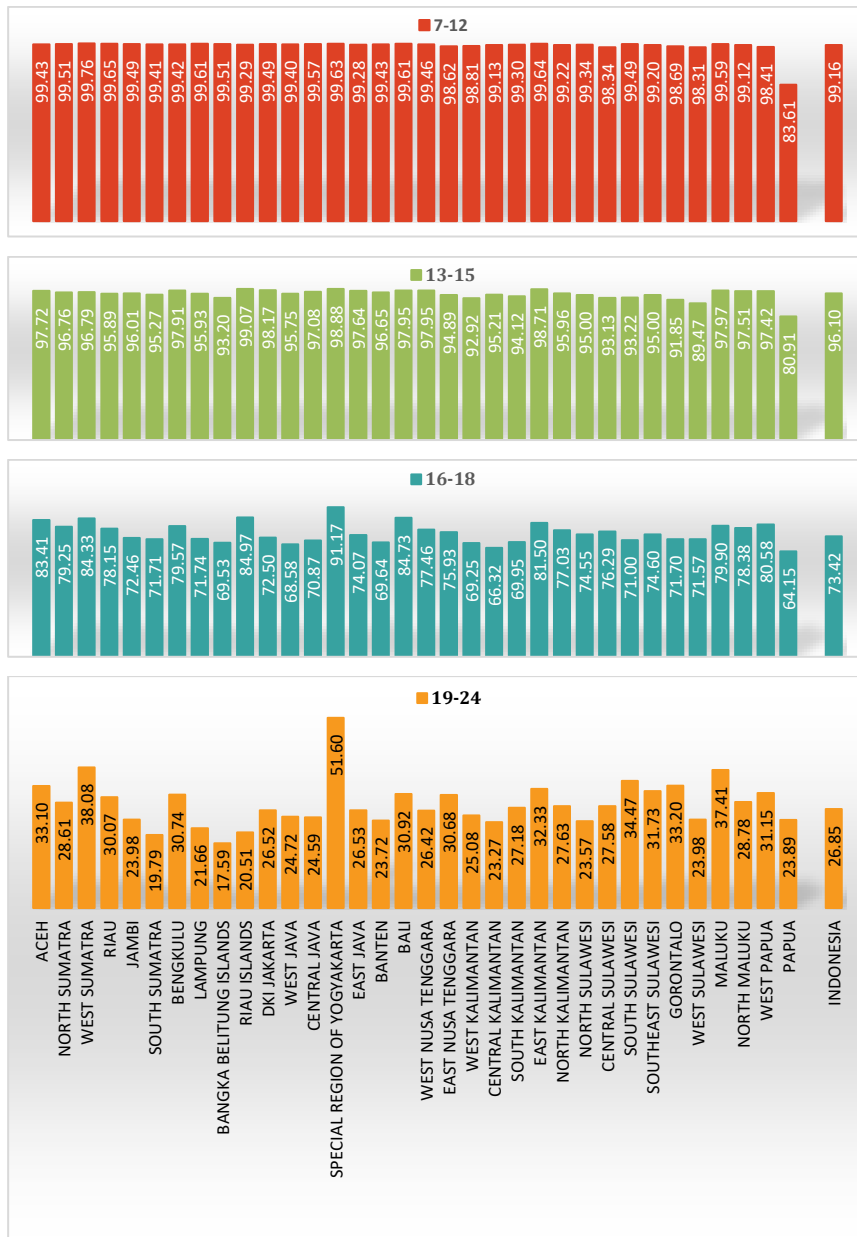
participation rates rise significantly, particularly the number of those attending SMP, SMA, and higher education (PT). It shows an improvement in Indonesia's education (Figure 4.5). However, in the last three years, the school participation rates tended to stagnant in all age groups.



Source: BPS

Figure 4.5 School Participation Rates by Age Group 2010, 2015, 2020, 2023

According to BPS, in 2023, the APS of those aged 7-12 and 13-15 was relatively high, at 99.16 and 96.10. In other words, almost all of them were attending school. Nonetheless, the APS of the population aged 16-18 was about 73%. To put it differently, 73% of those aged 16-18 were attending school, and only 27% of the population aged 19-24 were still attending school.



Source: BPS

Figure 4.6 APS of the Population Aged 7-12, 13-15, 16-18, 19-24 by Province

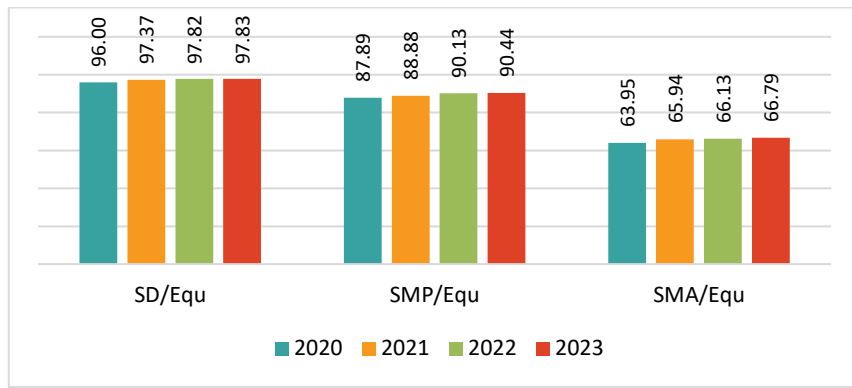
c. Highest Level of Education Completed

Highest Level of Education Completed is highest level of education an individual complete as indicated by a certificate or diploma (BPS). Under Law Number 20 of 2003 on the National Education System, education in Indonesia has 4 (four) levels of formal education, i.e., early childhood education (PAUD), primary education, secondary education, and higher education. Nonetheless, in 2015, Indonesia set 12 years of compulsory education starting from primary education.

PAUD is aimed at children from birth to six years of age. Through education stimulus, it promotes physical and spiritual growth and development so that children are ready to enter further education (Kemendikbud, 2020). Primary education prepares students for development and growth, so that they can compete and receive secondary education. It is given for 9 years from grades 1 to 6 of elementary school (SD) and grades 7 to 9 of secondary school (SMP). In secondary education, students are carefully prepared to work or enter higher education according to their interests. In higher education, students can decide to explore a particular field, from associate degree (D3), bachelor's degree (S1), master's degree (S2), specialist degree, to doctoral degree (S3). The education program can also vary according to the field they choose.

According to Susenas 2023, the completion rate at tertiary school (SMA) was only 66.79%. It was the lowest among other levels of primary education in Indonesia. The completion rate at SMP was 90.44%, while the completion rate at SD was 97.83%. The higher rates of completion at SD and SMP was supported by nine years of

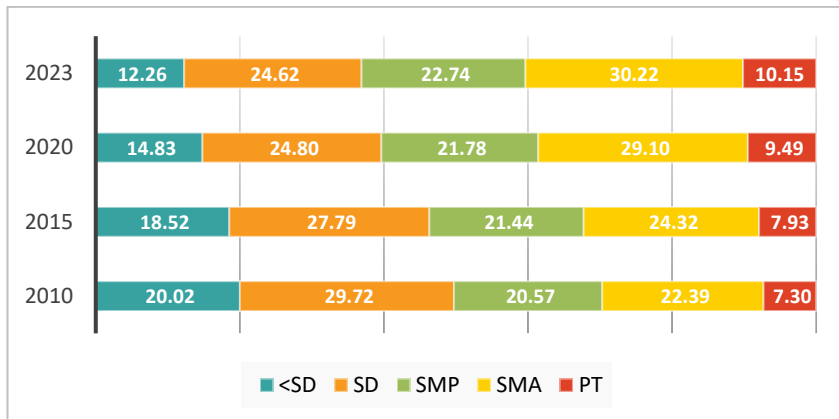
compulsory education. All Indonesian citizens have to participate in compulsory education, for which the central government and local governments are responsible. However, until now, the highest level in compulsory education is SMP. It is supported by Government Regulation Number 47 of 2008 on Compulsory Education.



Source: BPS

Figure 4.7 Education Completion Rates by Level 2020-2023

Over the last 20 years, the proportion of those aged 15 and over who completed higher education and SMA saw a significant rise. In 2023, according to BPS, 30.22 of the population aged 15 and over finished SMA and its equivalent, and only 10.15% completed higher education. In 2010, only 22.39% of those aged 15 and over finished SMA, while 7.30% completed higher education (Figure 4.8). The increasing participation can also be seen in the lower percentage of the population with SD as the highest level of education. From 50% in 2010, it went down to 37% in 2023. It shows that Indonesia's education keeps improving.

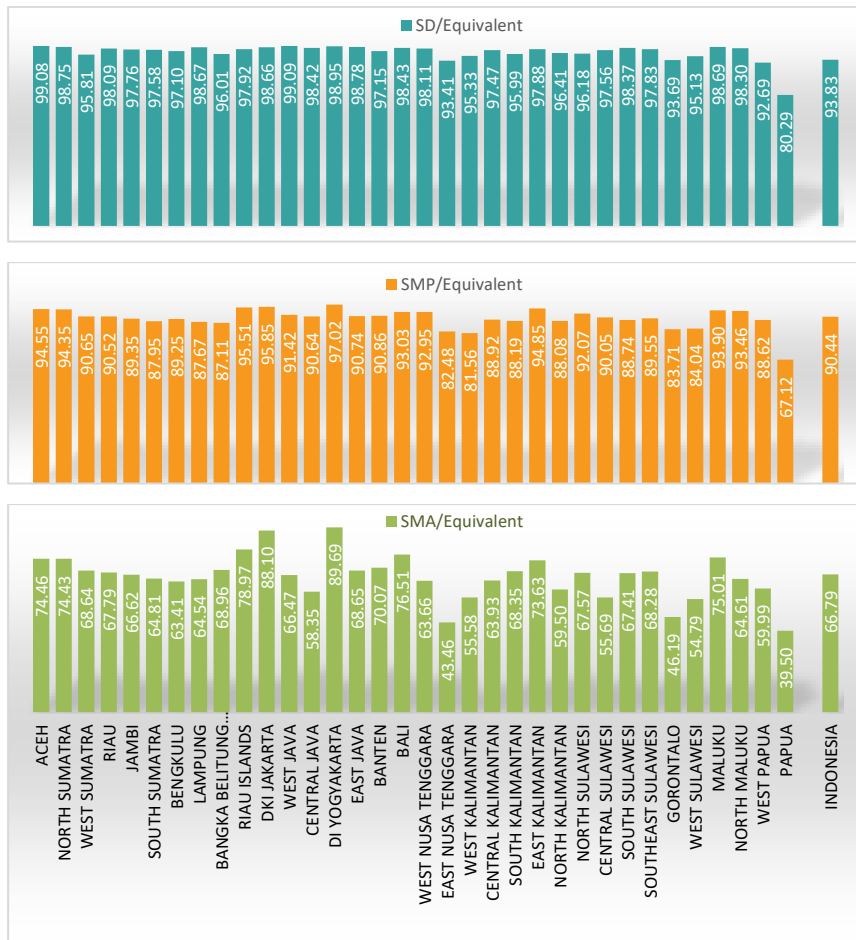


Source: BPS

Figure 4.8 Percentage of Population Aged 15 and Over by Highest Level of Education Completed 2010, 2015, 2020, and 2023

Papua and East Nusa Tenggara had the lowest completion rates in SMA or its equivalent at 39.50% and 43.46%. On the contrary, DI Yogyakarta (89.69%) and DKI Jakarta (88.10%) had the highest completion rates at the level (Figure 4.9).

The education completion rate in a region is associated with its performance on developing education. Education is developed to ensure that it encompasses all its components, such as human resource (students and teachers) and equipment and infrastructure (e.g., school building and learning facilities), etc. Several indicators for the availability of education include the ratio between teachers and students and the ratio between classes and students (Jamal, et al, 2021).



Source: BPS

Figure 4.9 Education Completion Rates by Province 2023

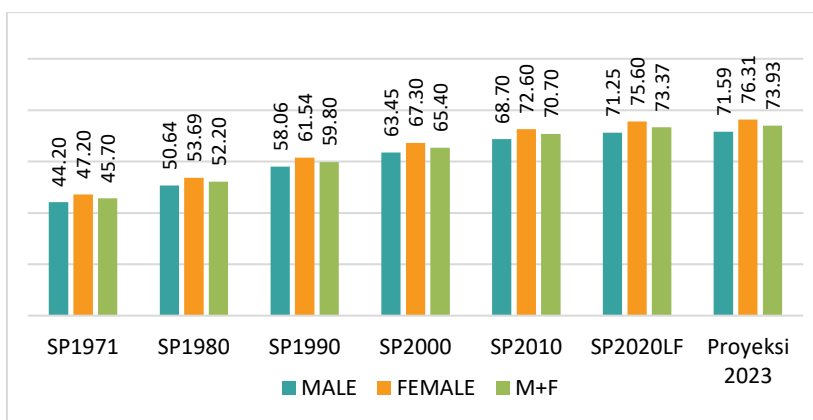
3. Health Rate

a. Life Expectancy

Life Expectancy (LE) is an indicator used to evaluate the government's performance in promoting welfare, focusing on the health aspect. As a measure of the population's health, the higher the LE of a given area is, the better the health status its population has. LE calculates an

estimate based on the average remaining years of life at birth. Several factors directly contribute to LE, such as access to healthcare, availability of healthcare professionals, healthcare quality, availability of food, domestic welfare, and several other social factors.

BPS data shows an LE of 73.93 in Indonesia in 2023. This means that on average, Indonesians live up to 73–74 years of age. Indonesia saw an increase in LE from 2010 to 2023. This yearly increase is a testament to the government's success not only in its health-related programs but also in improving the social and economic aspects of people's life, which in turn contributes to life expectancy.

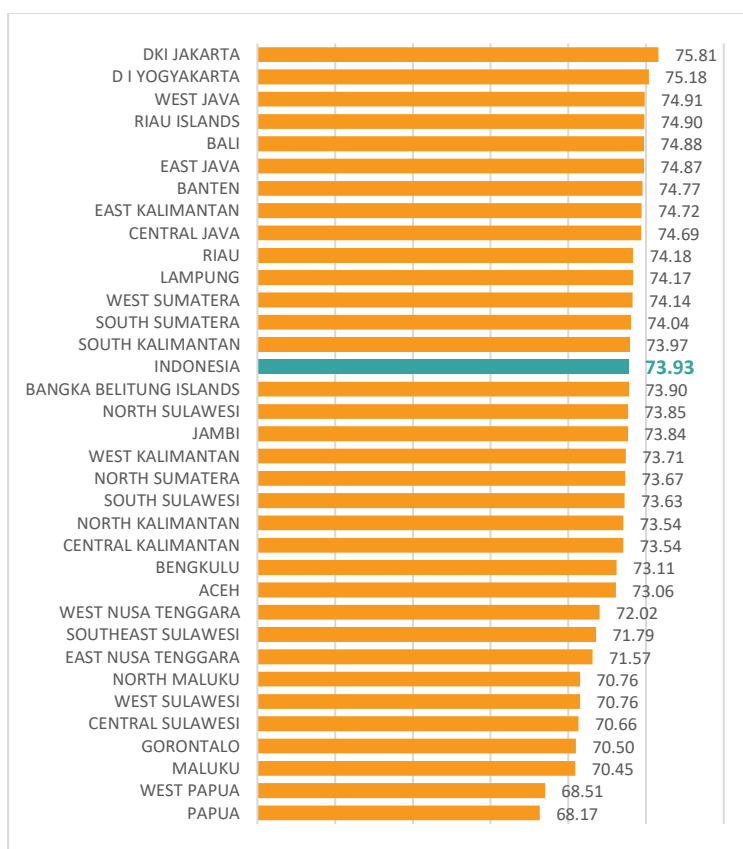


Source: BPS

**Figure 4.10 Life Expectancy at Birth in Indonesia
by Gender 1971–2023**

Women's LE is almost 4 years higher than men's. The higher LE in women is due to, among others, biological factors, in that women tend to have better immunity; women's nature to care more about their health; and the lower risk behavior in women compared to men.

LE by province also shows a similar upward trend from 2020 to 2023. This indicates that public health is also improving at the provincial level. Still, several provinces need to improve their LEs so as not to be too low under the national LE. These provinces are mostly in the eastern regions, such as Papua, West Papua, Maluku, Gorontalo, Central Sulawesi, and other provinces. Support is needed to help them improve their LEs.

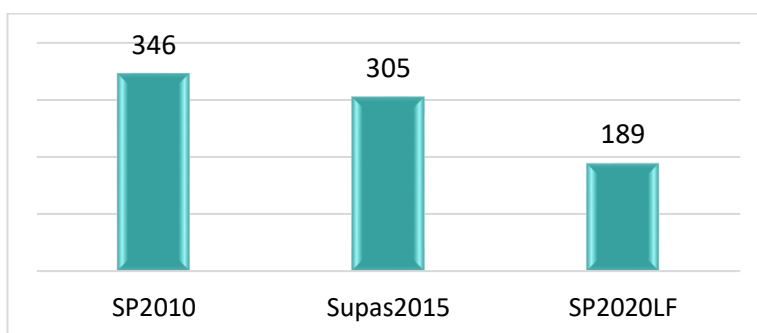


Source: BPS, SP2020 LF

Figure 4.11 Life Expectancy at Birth in Indonesia by Province 2023

b. Maternal Mortality Rate

The result of the 2020 Long Form Population Census shows the Maternal Mortality Rate (MMR) in Indonesia at 189, which means 189 women die during pregnancy, during delivery, or postpartum in every 100,000 live births. There is a significant 45% decrease in maternal mortality rate according to the 2010 Population Census, the 2015 SUPAS, and the 2020 Population Census. Looking at this downward trend, BKKBN is confident that they can meet the 2020–2024 RPJMN target of lowering the MMR to 183 per 100 thousand live births in 2024. BKKBN has been working on this through campaigns and education programs on birth spacing and family planning, as well as enhancing the quality of service during antenatal care and postnatal care visits.

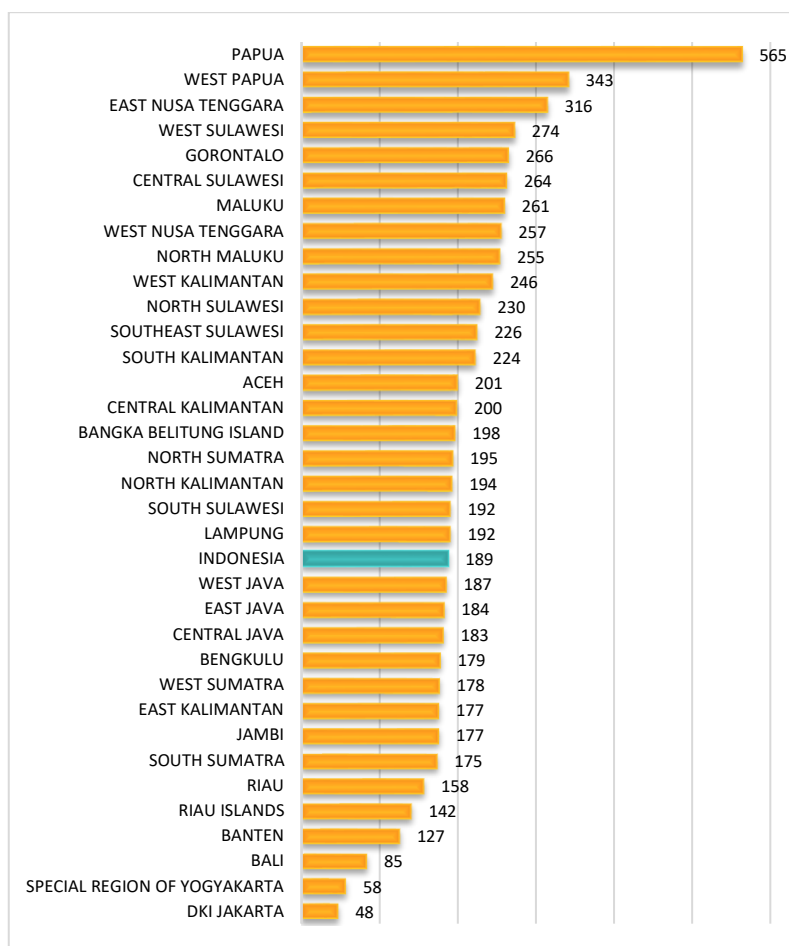


Source: BPS

Figure 4.12 Maternal Mortality Rate in Indonesia

Indonesia's maternal mortality rates greatly vary by province, which points to the wide disparity in public health conditions between provinces, particularly when it involves maternal healthcare. Papua has an extreme maternal mortality rate of 565 maternal deaths per 100,000 live births. Meanwhile, several provinces such as Jakarta,

Special Region of Yogyakarta, and Bali have quite a low MMR of 100 per 100,000 live births. Figure 4.13 above also shows that there are still 20 provinces with higher MMR compared to the national rate. This highlights the fact that despite lowering maternal mortality rate being one of national priorities, the government still have many difficult homeworks to do to improve maternal health.

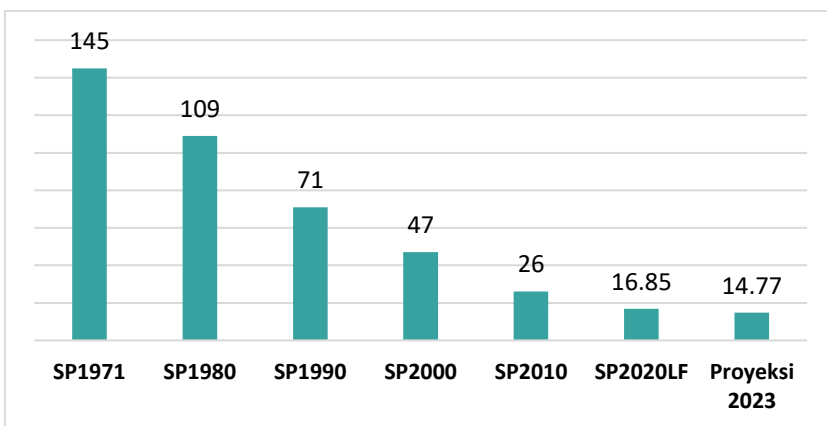


Source: BPS, LF SP 2020

Figure 4.13 Maternal Mortality Rates by Province 2022

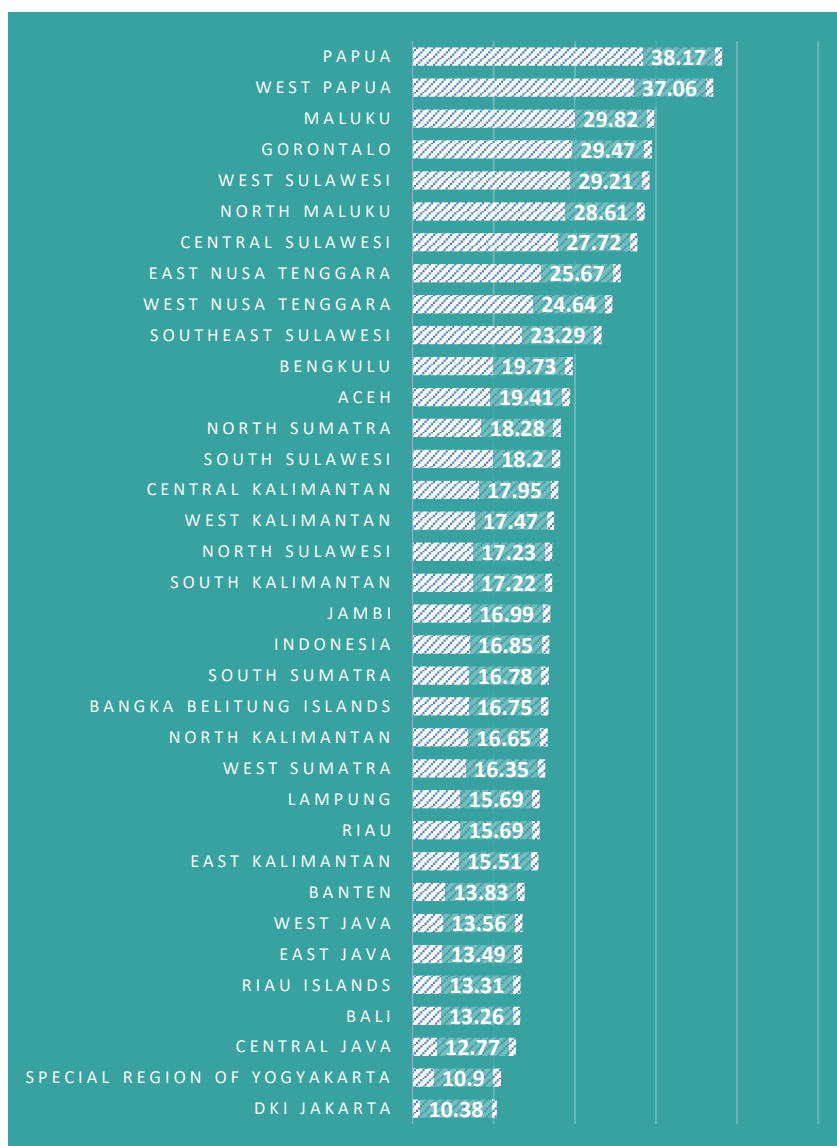
c. Infant Mortality Rate

Infant Mortality Rate (IMR) is one of the indicators in the 2020–2024 National Medium-Term Development Plan (RPJMN), which targets 16 per 1,000 live births by 2024. IMR has been significantly decreasing, from 26 per 1,000 live birth according to the 2010 Population Census, to 16.85 per 1,000 live births according to the 2020 Long Form Population Census. This decrease is inversely correlated with the percentage of fully immunized infants and the average increase in breastfeeding period. Immunization and breastfeeding help increase infant survival. Another contributing factor to the decrease in IMR is the program to raise the age of first marriage.



Source: BPS

Figure 4.14 Infant Mortality Rate in Indonesia, 1971–2023



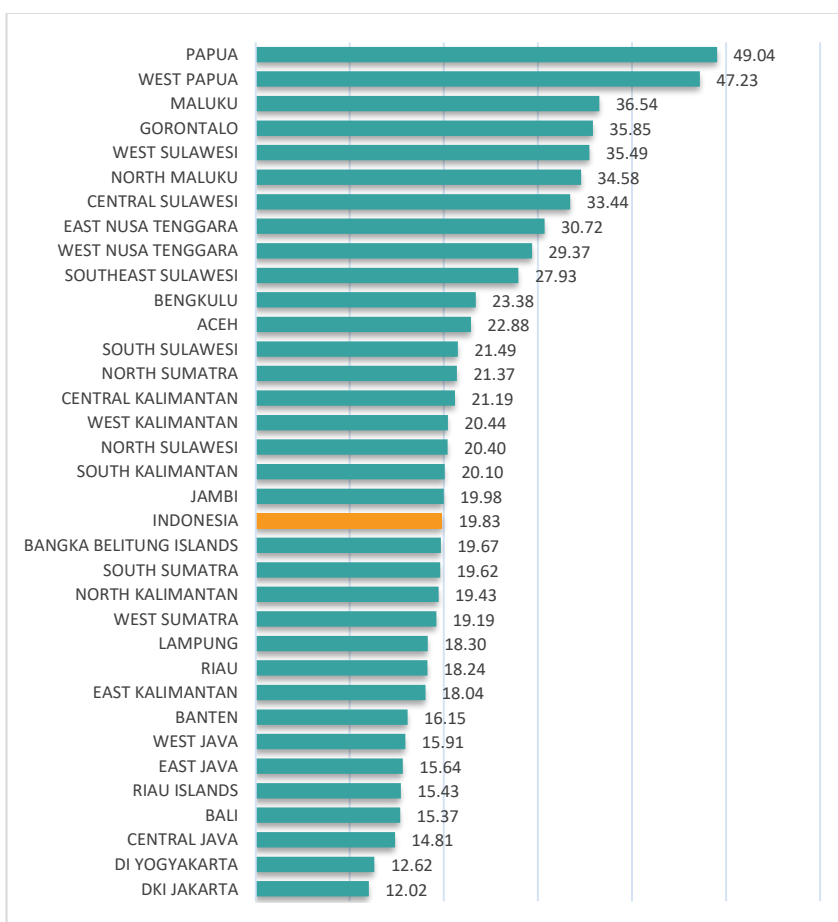
Source: BPS, SP2020 LF

Figure 4.15 Infant Mortality Rates by Province 2022

d. Under-Five Mortality Rate

Under-Five Mortality Rate is the total death of children aged 0–4 in a given year per 1,000 children of the same age group counted mid-year

(includes infant death). Under-five mortality rate reflects the environmental health, which directly affects the health of children under five years of age. According to the 2020 Population Census data, there are 3 deaths per 1,000 children under five years of age in Indonesia. By province, the highest under-five mortality rate is in Papua and West Papua, reaching 49 and 47 deaths per 1,000 children under five years of age.



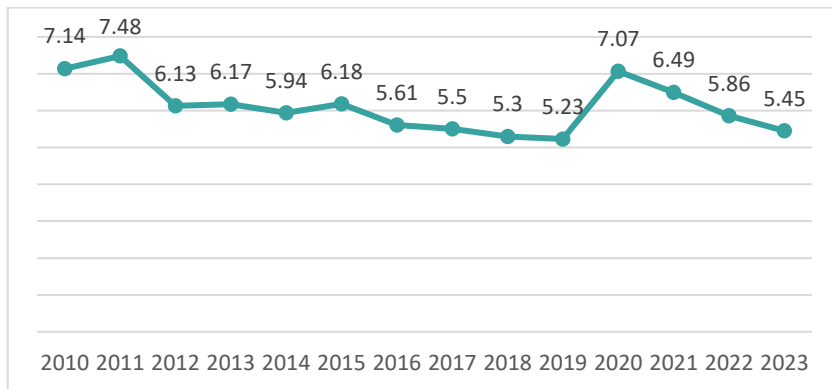
Source: BPS, LF SP2020

Figure 4.16 Under-Five Mortality Rates by Province 2022

4. Employment Quality

a. Open Unemployment Rates

According to the International Labour Organization (ILO), open unemployment includes people who are looking for work, are preparing a new business/job, are not looking for work because they think it is impossible to get a job, and are not actively looking for work because they already have a job but have not started working. BPS reported Indonesia's Open Unemployment Rate (OUR) in 2023 at 5.455. The country's OUR has a long-term downward trend (Figure 4.17) although it fluctuates occasionally due to economic conditions. In 2020, it increased significantly from the previous year as a result of the COVID-19 pandemic social restrictions.

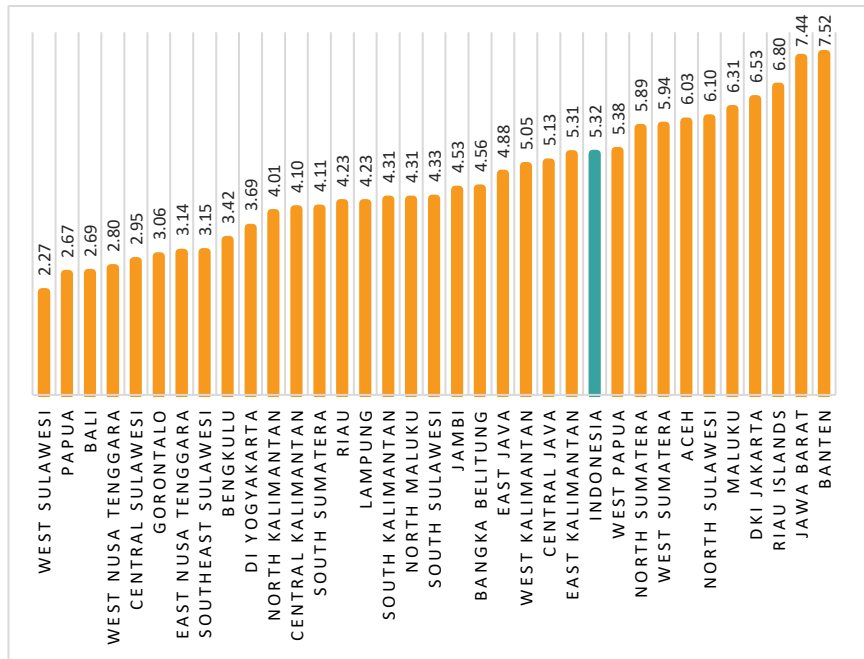


Source: BPS, Sakernas August

Figure 4.17 Open Unemployment Rates (OURs) 2010–2023

By province, high OURs were found in industrial areas, which are the main destinations for job seekers, such as Riau Islands, West Java, and Banten (Figure 4.18). In contrast, agricultural areas tend to have lower OURS as labor is more easily absorbed even with low educational qualifications or skills. Therefore, OUR does not necessarily reflect the

employment quality in an area. OURs were even higher in urban areas where the labor force is predominantly male, in the 15–19 age group, and vocational high school graduates.



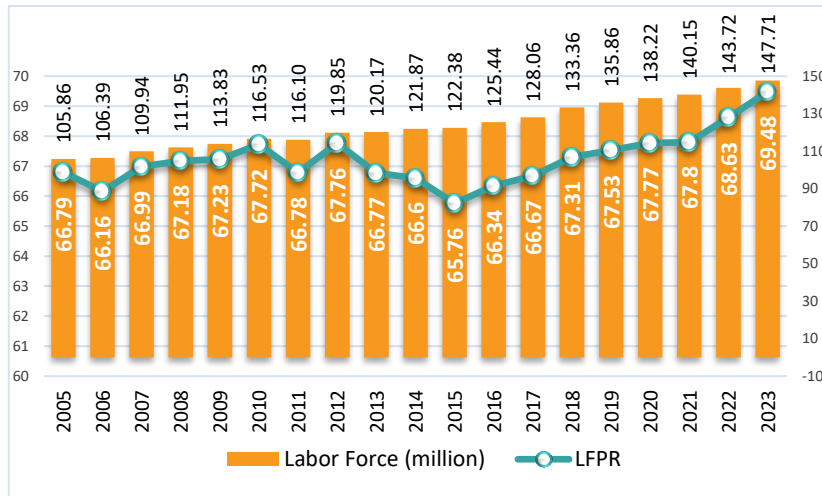
Source: BPS, Sakernas August 2023

Figure 4.18 Open Unemployment Rates by Province 2023

b. Labor Force Participation Rate (LFPR)

LFPR is the percentage of the population aged 15 years and over who are in the labor force. It indicates the size of the economically active working-age population in a country/region. The higher the LFPR, the higher the labor supply available to produce goods and services in an economy. Statistics Indonesia (BPS) reported that there were 147.71 million people in the labor force in August 2023. Of the working-age

population, the LFPR was 69.48%. Compared to August 2022, the labor force increased by 3.99 million people (2.77%) and the LFPR increased by 0.85%.



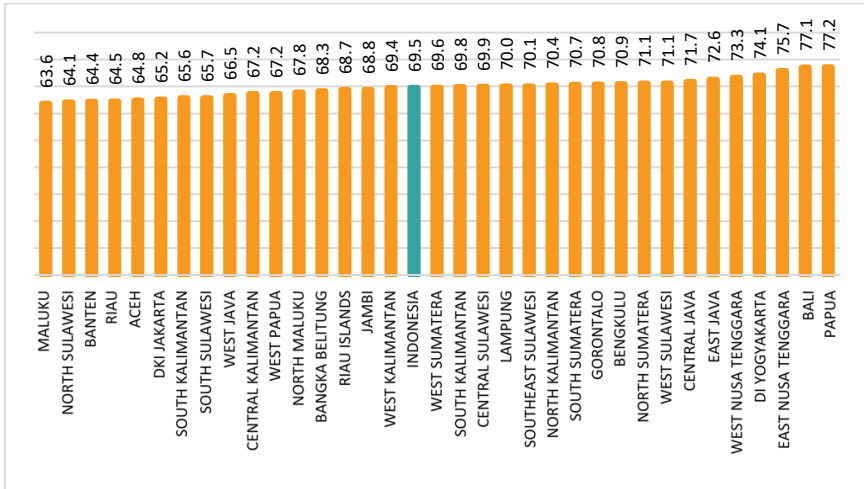
Source: BPS, Sakernas August

Figure 4.19 Numbers of Labor Force and Labor Force Participation Rates 2010–2023

The national labor force shows an upward trend along with population growth as shown in the graph. Meanwhile, the LFPR has fluctuated in the past 5 years. BPS also reported that the working age population (over 15 years) was 212.59 million in August 2023. Out of this number, 147.71 million were categorized as the labor force, 139.85 million of whom were working while 7.85 million were unemployed. Meanwhile, 64.88 million people of working age did not belong to the labor force, 15.79 million of whom were still in school, 40.23 million were taking care of households, and 8.85 million had other statuses.

At the provincial level (Figure 4.20), high LFPRs were spread across eastern and western regions, namely West Nusa Tenggara, Special

Region of Yogyakarta, East Nusa Tenggara, Bali, and Papua. This shows that the five provinces had a high supply of available labor.



Source: BPS, Sakernas August 2023

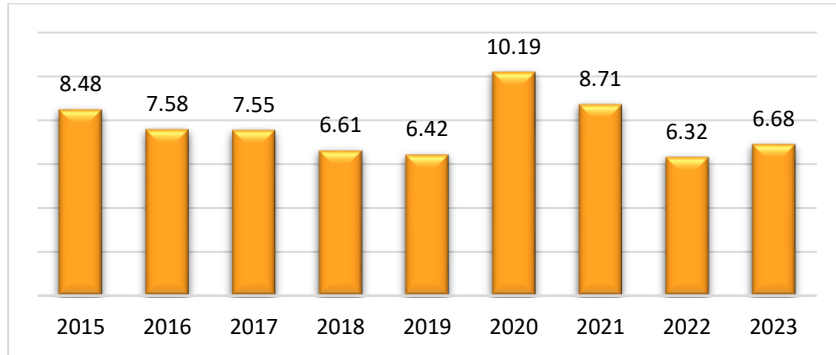
Figure 4.20 Labor Force Participation Rates by Province 2023

c. Percentage of Underemployment

Underemployed people are workers who work less than normal working hours (less than 35 hours a week), and are still looking for and willing to accept other jobs. Underemployment rate reflects underutilization of labor, thus indirectly indicating less productive utilization of labor.

The underemployment rate in Indonesia according to data from the 2023 National Labor Force Survey (Sakernas) was 6.68% of the total working population. Compared to previous years, the underemployment rate tended to decline in the 2015–2023 period

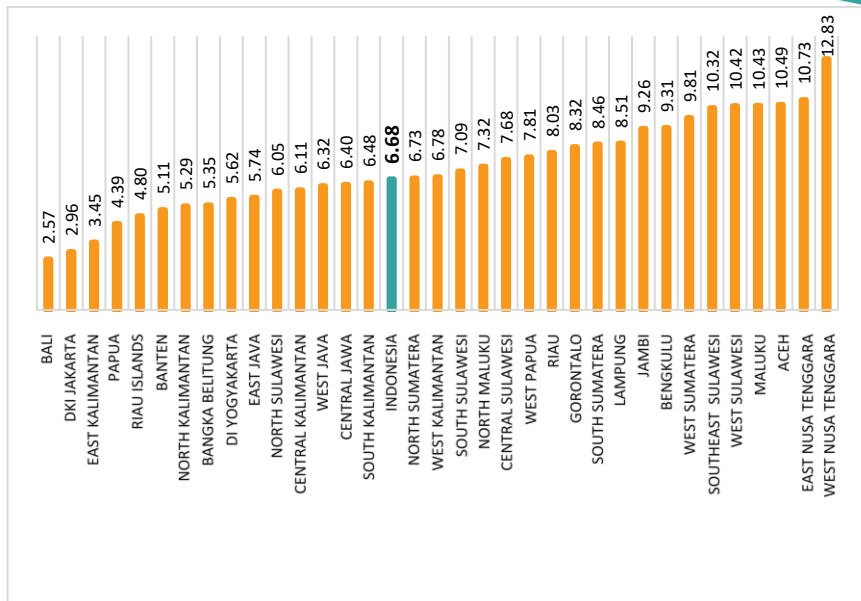
(Figure 4.21.), then increased sharply in 2020 at the beginning of the COVID-19 pandemic before falling again in 2021 and 2022



Source: BPS, Sakernas August 2015-2023

Figure 4.21 Underemployment Rates 2015-2023

By province (Figure 4.22), high underemployment rates (above 10%) were spread across the eastern and western regions, namely West Sulawesi, South East Sulawesi, West Sulawesi, Maluku, Aceh, East Nusa Tenggara, and West Nusa Tenggara. This shows that the supply of available labor in the five provinces was high.



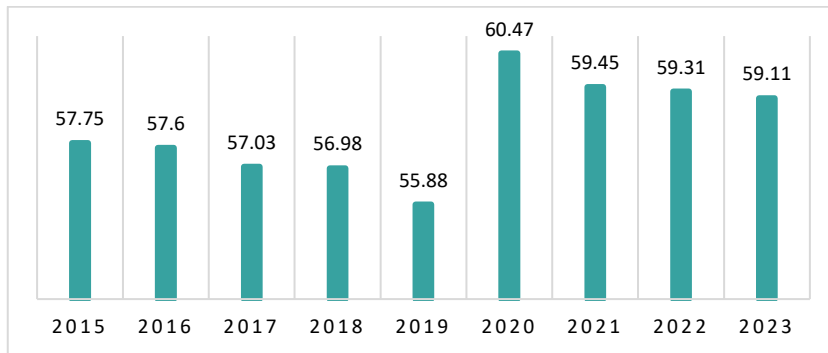
Source: BPS, Sakernas Agustus 2023

**Figure 4.22 Percentage of Underemployment Rates
by Province 2023**

d. Percentage of Informal Sector Workers

Informal workers are defined as the working population with the employment status of self-employment, self-employment assisted by casual/unpaid workers, freelance workers, and family/unpaid workers. The characteristics of most informal workers are female, rural, and unschooled. Education level is closely related to informal employment—the higher a person's education level, the lower the risk of working in the informal sectors. In addition, the availability of facilities, the progress of development, and the availability of jobs in an area also affect employment options.

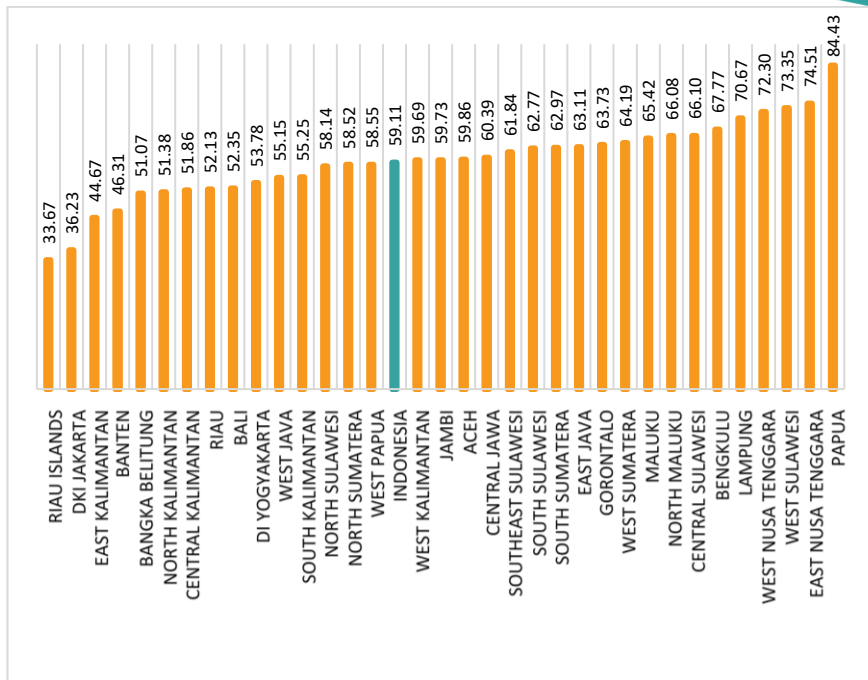
The high percentage of informal workers is a major reflection of the low quality of the labor. Informal workers are generally associated with low education and skills, hence low income. Furthermore, informal workers also mean weak labor protection.



Source: BPS, Sakernas August 2015-2023

Figure 4.23 Percentage of Informal Employment 2015-2023

In the 2015–2019 period, the percentage of informal employment in Indonesia consistently fell up to 55.88% in 2019. However, the number of informal workers in Indonesia was still very large, more than half of the working population. Even during the pandemic, it jumped to more than 60% in 2020. Furthermore, in 2021–2023, the percentage of informal employment was around 59% (Figure 4.23). By province (Figure 4.24), the highest percentage of informal employment was in Lampung, West Nusa Tenggara, West Sulawesi, East Nusa Tenggara, and Papua.



Source: BPS, Sakernas August 2023

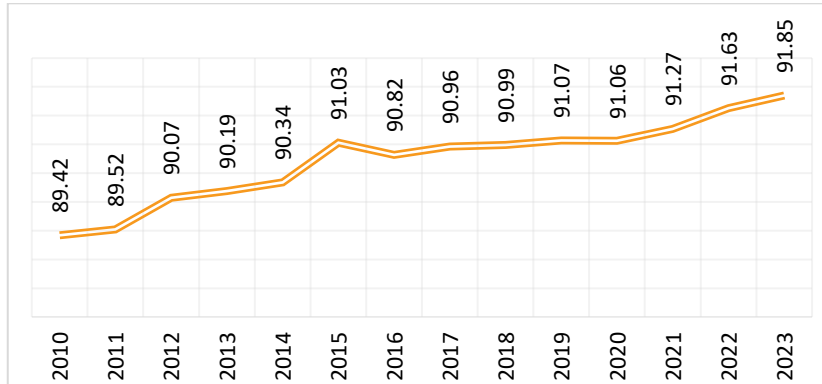
Figure 4.24 Percentage of Informal Employment by Province 2023

5. Gender Equality

a. Gender Development Index (GDI)

The Gender Development Index is an indicator used to describe the human development gap between men and women. The GDI examines the human development achievements of men and women from three fundamental perspectives, as does the HDI, namely a long and healthy life, knowledge, and a decent standard of living (BPS, 2020a). the GDI can be divided into two categories, namely a low category if the value is less than 90 and a high category if it is greater than or equal to 90.

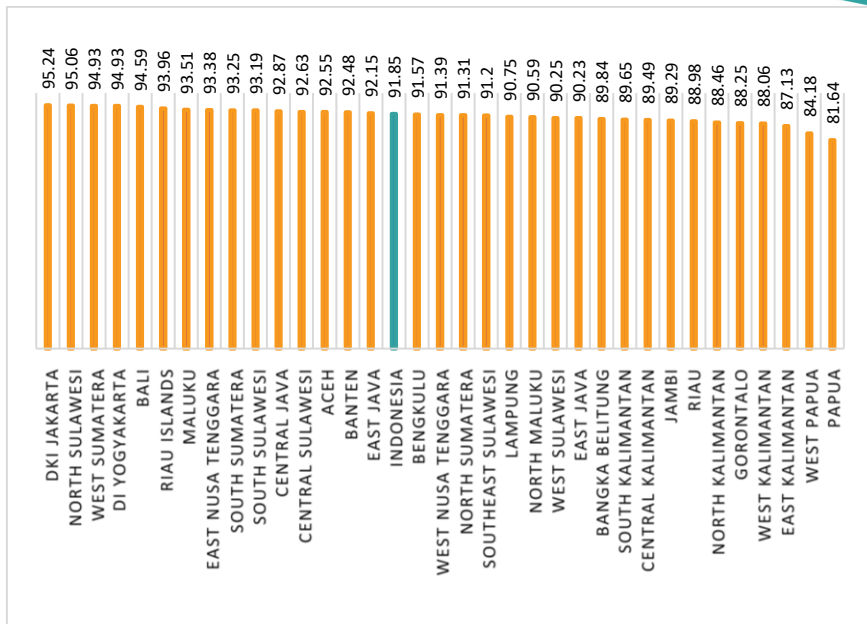
The smaller the difference between the GDI and a value of 100, the more equal the development between men and women.



Source: BPS, 2010-2023

Figure 4.25 Gender Development Index 2010-2023

Indonesia's GDI in 2023 increased compared to 2022, from 91.63 to 91.85 (Figure 4.25). By province, in 2023, there were 19 provinces with GDI values below the national level, consisting of six provinces on the island of Sumatra, one province on the island of Java, one province on the island of Bali and Nusa Tenggara. This shows that the GDI achievements in the country were uneven.

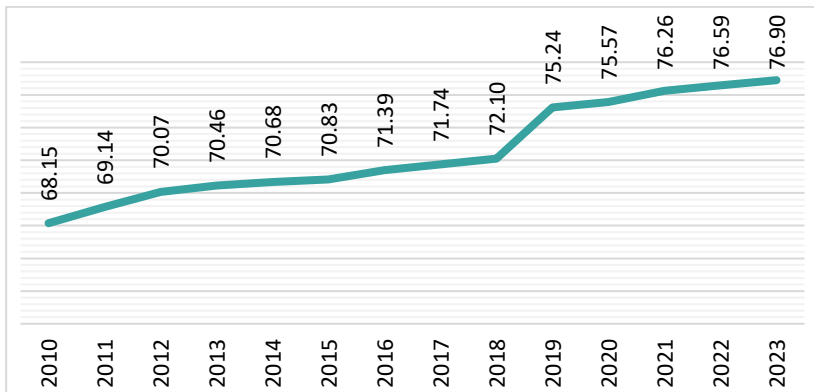


Source: BPS, 2023

Figure 4.26 Gender Development Index by Province 2023

b. Gender Empowerment Measure

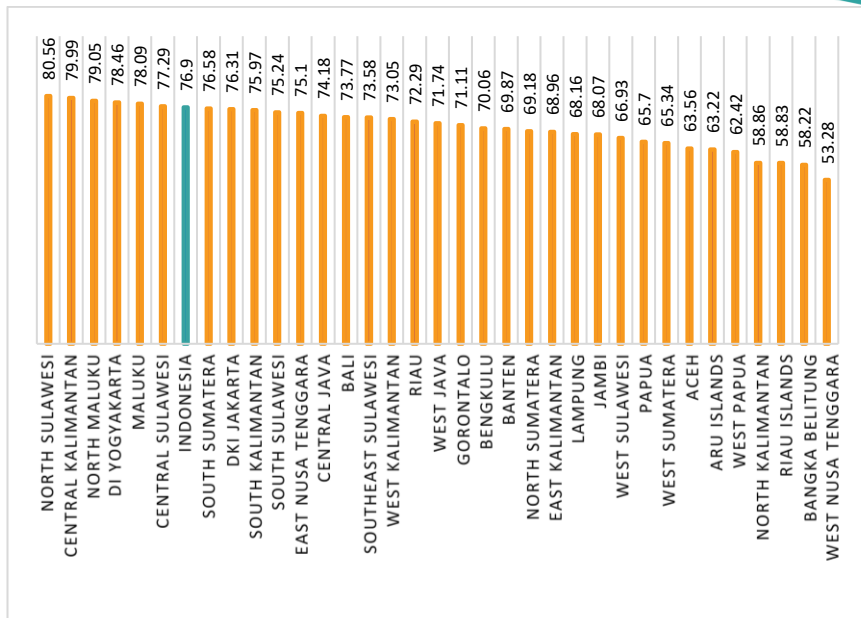
The Gender Empowerment Measure (GEM) shows the active role of women in economics and politics. The GEM is an indicator that measure the realization of gender rights and equality based on political and economic participation, showing whether women can actively participate in economic and political life. The three indicators used in the GEM are women's participation in parliament, women's participation as workers, and women's income.



Source: BPS, 2010-2023

Figure 4.27 Gender Empowerment Measure 2010-2023

Based on Figure 4.27 above, there was an increase in the GEM in 2023 compared to 2022 nationally. Even in the 2010–2023 period, the GEM consistently increased. In 2023, there were still disparities in the GEM achievements across provinces in Indonesia. There were six provinces with the GEM values above the national average (76.90), namely North Sulawesi, Central Kalimantan, North Maluku, Special Region of Yogyakarta, Maluku, and Central Sulawesi. Meanwhile, the three provinces with the lowest GEM values were Riau Islands, Bangka Belitung Islands, and West Nusa Tenggara.

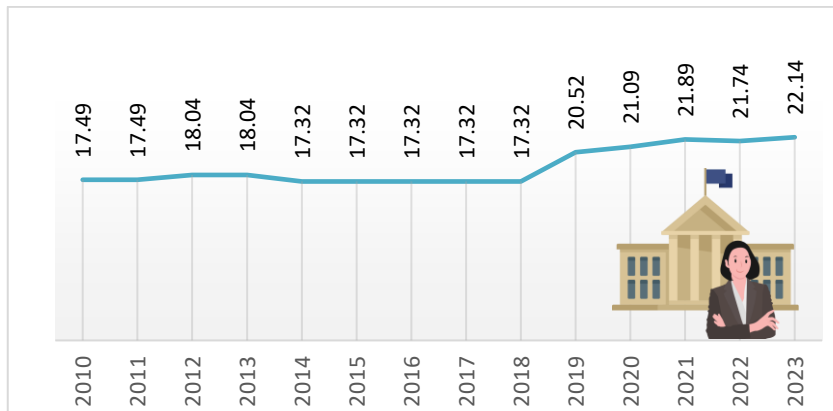


Source: BPS, 2023

Figure 4.28 Gender Empowerment Measure by Province 2023

c. Women's Involvement in Parliament

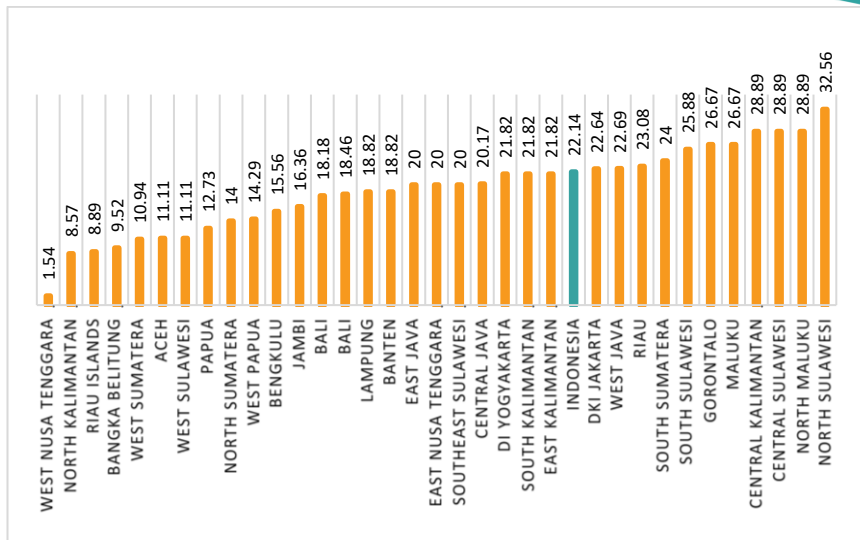
The involvement of Indonesian women in parliament is still very low. According to World Bank data (2019), Indonesia ranks 7th in South East Asia in terms of women's representation in parliament. This is because there are still obstacles to increasing women's representation in parliament, including psychological barriers, patriarchal culture, competitiveness, regulations, regeneration, and empowerment efforts. In addition, women often lack support from political parties and society.



Source: BPS, 2023

Figure 4.29 Percentage of Women in Parliament, 2010-2023

The low representation of women in parliament more or less has an impact on gender inequality and the lack of addressing women's main issues. According to BPS data, despite the upward trend, Indonesian women's involvement in parliament nationally in 2023 was still below 30%, at 22.14%. By province, there were 11 provinces with percentages above the national percentage, namely the Special Capital Region of Jakarta, West Java, Riau, South Sumatra, South Sulawesi, Gorontalo, Maluku, Central Kalimantan, Central Sulawesi, North Maluku, and North Sulawesi.



Source: BPS, 2023

Figure 4.30 Percentage of Women in Parliament by Province 2023

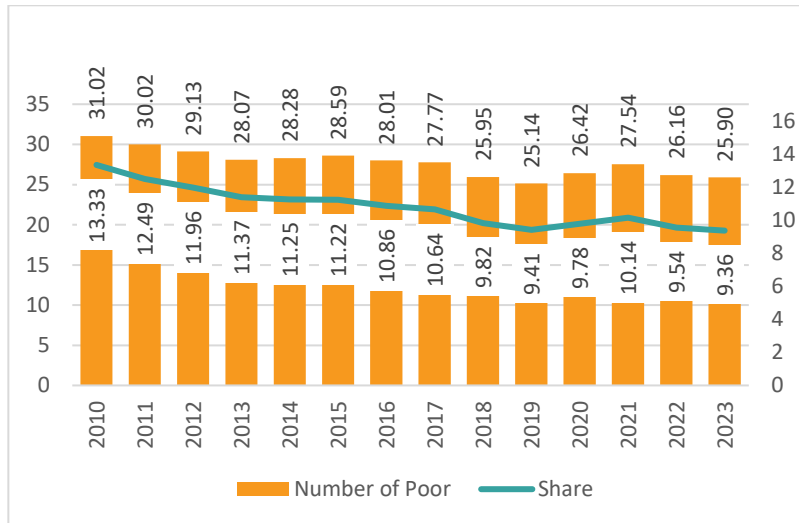
A strong effort and commitment that has always been made by the government to achieve equal gender is to continue to encourage the achievement of a 30% quota for women in parliament, in accordance with Government Regulation in Lieu of Law Number 1 of 2020 concerning Amendments to Law Number 7 of 2017 concerning eliminate gender inequality from politics so that women have equal access to participate in development.

6. Poverty and Inequality

a. Percentage of Poor Population

The poor population consists of those with an average spending per capita per month below the poverty line. The poverty line is the minimum amount of money necessary to meet basic human needs, such as food and shelter. However, poverty is a multidimensional

concept, extending beyond economic aspects and into the quality of human resources as well as social and cultural aspects.



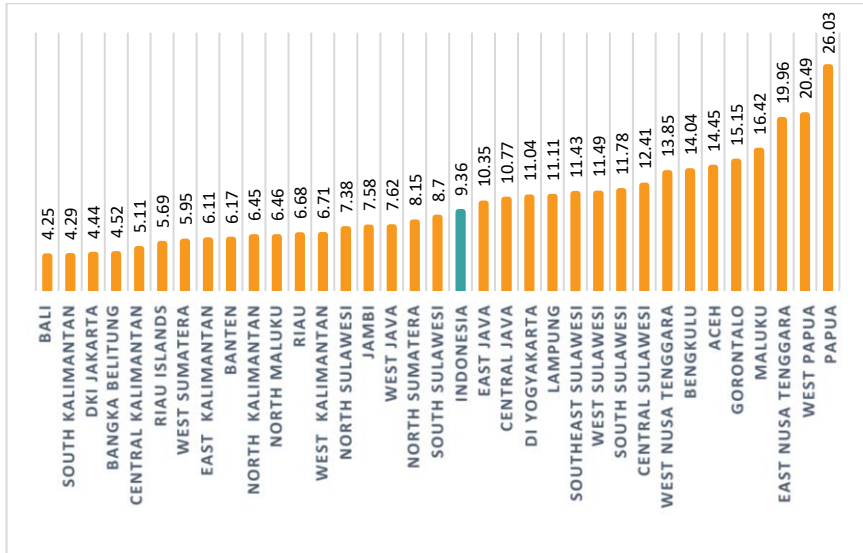
Source: BPS, 2023

Figure 4.31 Number and Percentage of Poor Population in Indonesia 2010-2023

Together, the government and the community's efforts in alleviating poverty have shown positive results. According to BPS data, the percentage of poor population in March 2023 was 9.36%, which is 0.18% lower compared to March the previous year. Overall, the country has been seeing a downward trend in the percentage of poor population, although a few rises occurred in times of crisis, such as during the recent Covid-19 pandemic (Figure 4.31).

As shown in Figure 4.32, 8 provinces have quite big percentages of poor population: Papua, West Papua, East Nusa Tenggara, Maluku, Gorontalo, Aceh, Bengkulu, and West Nusa Tenggara. On the other hand, several provinces have percentages of poor population smaller

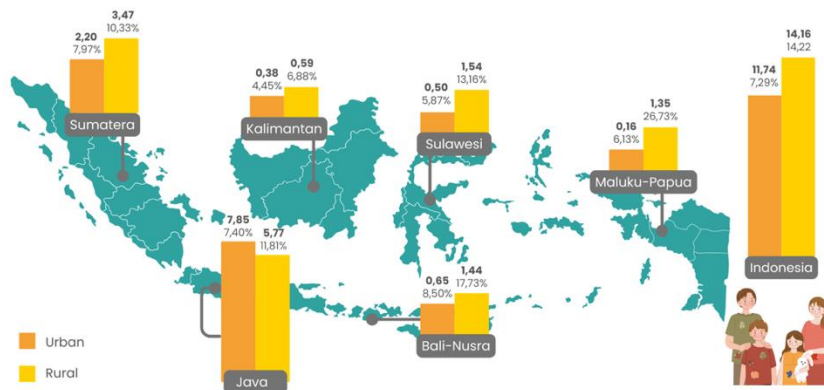
than 6%: West Sumatra, Riau Islands, Central Kalimantan, Bangka Belitung, Jakarta, South Kalimantan, and Bali.



Source: Indonesia Poverty Profile, BPS, March 2023

Figure 4.32 Percentage of Poor Population by province March 2023

Next, looking at the distribution in the percentage of Poor Population by province in March, the biggest percentages of poor population are in the urban areas (7.85%), and the rural areas (5.77%) of Java Island. On the other hand, the smallest percentages are in the urban areas (0.38%) and the rural areas (0.59%) of Kalimantan Island.

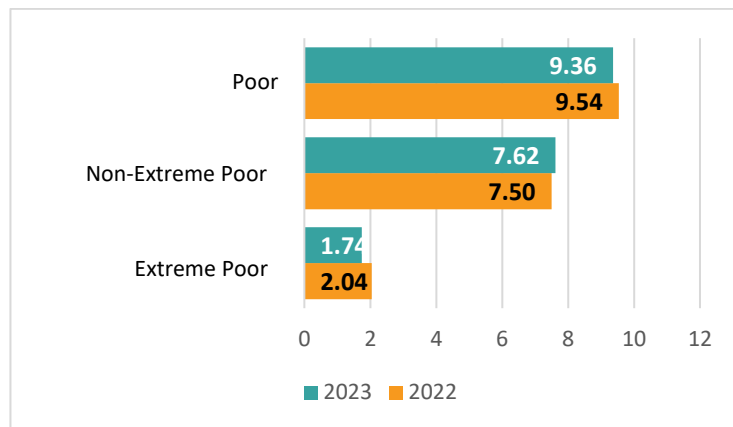


Source: Profil Kemiskinan di Indonesia, BPS, Maret 2023

Figure 4.33 Percentage of Poor Population by island March 2023

b. Percentage of Extreme Poor Population

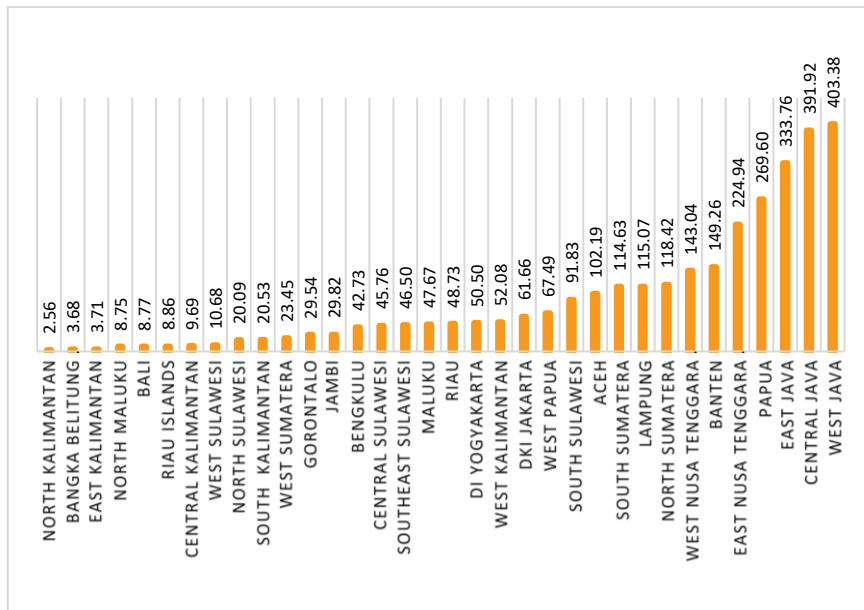
Extreme poverty is a condition characterized by the people's inability to cover basic human needs, including food, clean water, decent sanitation, health, shelter, and education, as well as access to information, livelihood, and social services. The extreme poor population consists of those living below the extreme poverty line, i.e. those surviving on less than the poverty line and are deprived of basic human needs, including food, clean water, decent sanitation, health, shelter, and education, as well as access to information, livelihood, and social services. In the last year, data from both Statistics Indonesia (BPS) and the World Bank have shown a country-wide decrease in extreme poverty. According to BPS, extreme poverty as of March 2022 was 2.04%, and by September 2023, it had decreased to 1.74%. Data releases from BPS since March 2023, especially the recent ones, have consistently shown decreases in poverty levels, both in rural and urban areas.



Source: BPS (2022) dan P3KE (2023)

Figure 4.34 Percentage of Poor, Non-Extreme Poor, and Extreme Poor Population in Indonesia 2022-2023

This figure shows a decrease compared to the previous year, and it is a challenge for the government and the community (Figure 4.33.). Extreme poverty mainly exists in isolated and underdeveloped areas, such as border areas and remote islands. Factors such as limited access to resources and insufficient infrastructure are the main reasons for extreme poverty in these areas. As shown in Figure 4.34, five provinces have quite high numbers of extreme poverty: East Nusa Tenggara, Papua, East Java, Central Java, and West Java.



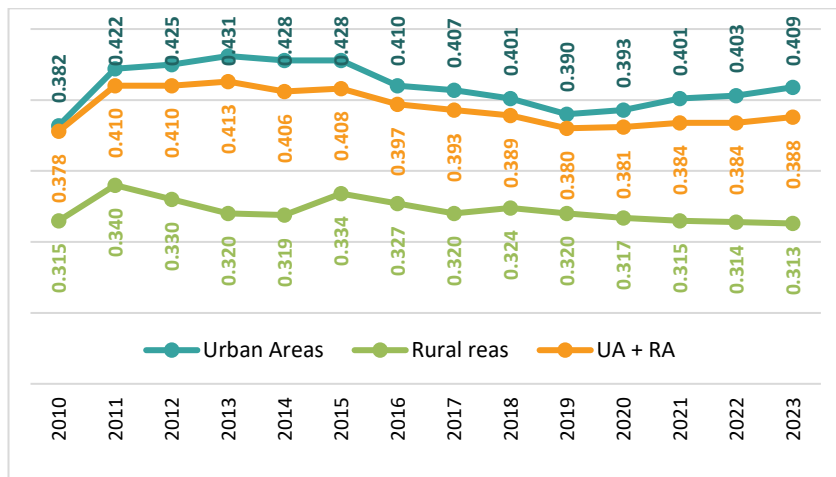
Source: P3KE, 2023

Figure 4.35 Percentage of Extreme Poor Population by Province 2023

c. Gini Index

Gini Index or Gini Ratio is a measure of dispersion intended to reflect the income or wealth inequality within a population or country. The Gini Index is measured on a scale of 0 to 1, where 0 represents perfect equality, where everyone has the same income or wealth, and 1 represents perfect inequality, where a single person has all the income while everyone else has none. In short, the closer a Gini index is to 1, the more unequal the distribution of income is within a population. Economists and policymakers often use the Gini index to understand and measure social and economic inequality.

Indonesia's Gini index has historically been fairly high, which suggests a high degree of income inequality. Indonesia's Gini index was 0.378 in 2010 and increased to 0.413 in 2013 before slightly decreasing to 0.388 in 2023. While Indonesia has made progress in poverty reduction and economic growth in recent years, there are still significant disparities of income and wealth between its people. In addition, Indonesia's Gini index is still above the global one. On a provincial level, there are four provinces with a Gini index above the national one, i.e., Gorontalo, West Java, DKI Jakarta, and DI Yogyakarta.

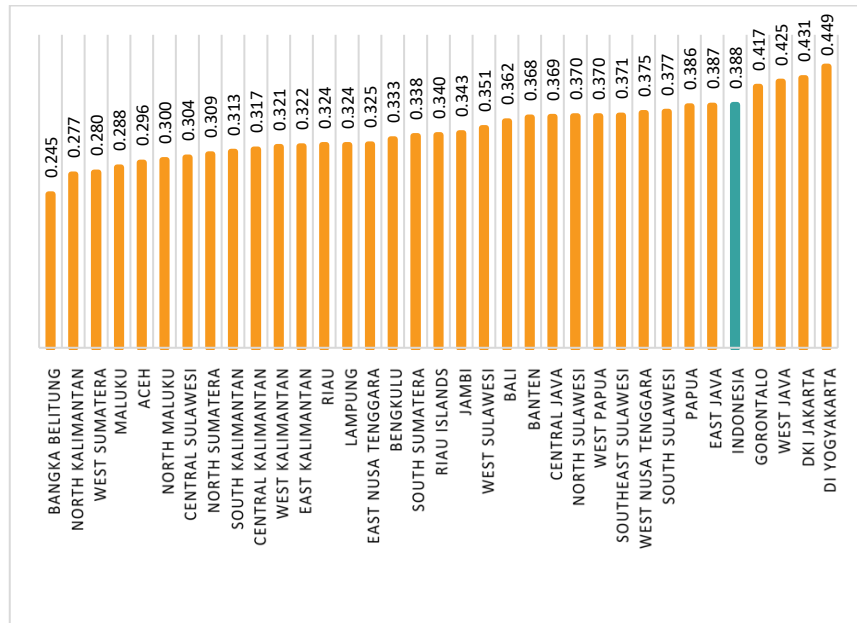


Source: BPS 2023

Figure 4.36 Gini Index in Indonesia 2010-2023

The inequality can be attributed to several factors, such as limited access to education, unequal employment opportunities, disparities in access to public and healthcare services, and urban-rural gaps. Therefore, efforts are continuously made to reduce the inequality and achieve a higher degree of equality in the distribution of income and wealth in Indonesia. Income inequality is not the only indicator to

measure the overall economic development and well-being of a population; many other factors contribute to the quality of life among the population. Nonetheless, reducing income inequality is an important goal for policymakers in many countries, including Indonesia.



Source: BPS 2023

Figure 4.37 Gini Index by Province March 2023



FAMILY DEVELOPMENT

CHAPTER V

FAMILY DEVELOPMENT

1. Family Development Outcomes

Family development is one of the mandates set forth in Law Number 52 of 2009 on Population Development and Family Development, where the central government and local governments must establish policies on family development through guidance on family resilience and well-being. These policies include improving the quality of children, adolescents, and seniors; empowering vulnerable families; improving the quality of the family environment; and improving family economic access and opportunity.

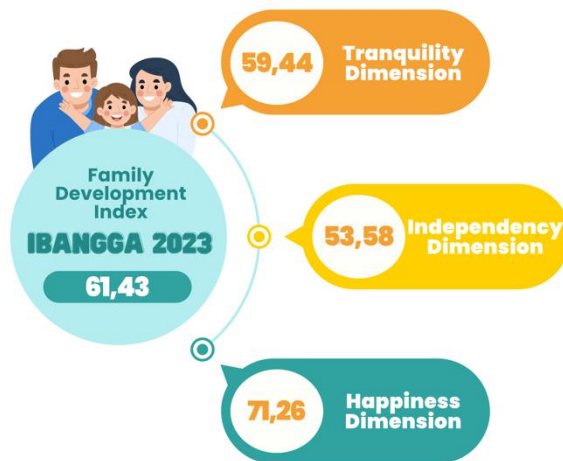


Source: BKKBN, KPI Calculation Report 2023

Figure 5.1 Concept of Family Development Index (iBangga)

To measure family development, BKKBN has developed the Family Development Index (iBangga), which is a measure of family development programs indicated by the tranquility, self-reliance, and happiness

dimensions of families and describes the roles and functions of families. iBangga reflects the outcome of family development on a scale of 0 to 100 with vulnerable (below 40), developing (40 to 70), and resilient (above 70) categories.

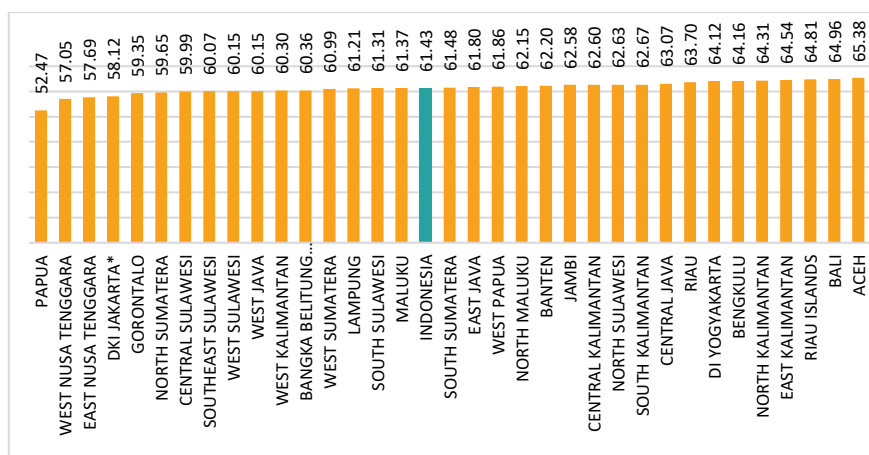


Source: BKKBN, KPI Calculation Report 2023

Figure 5.2 Family Development Index 2023

On a national level, the outcome of iBangga in 2023 was 61.43, meaning that Indonesian families fell into the fairly good (developing) category. However, the outcome in 2023 did not reach the targeted value of 59. Of the three dimensions of iBangga, the happiness dimension recorded the highest value, i.e., 71.26. The tranquility and independency index achieved 59.44 and 53.58, respectively. Compared to 2022, iBangga showed a significant increase of 5.36, i.e., from 56.07 in 2022 to 61.43 in 2023. Based on the outcome data in 2023, most provinces achieved a value above 59, which equaled 88.23% of all provinces meeting the national target.

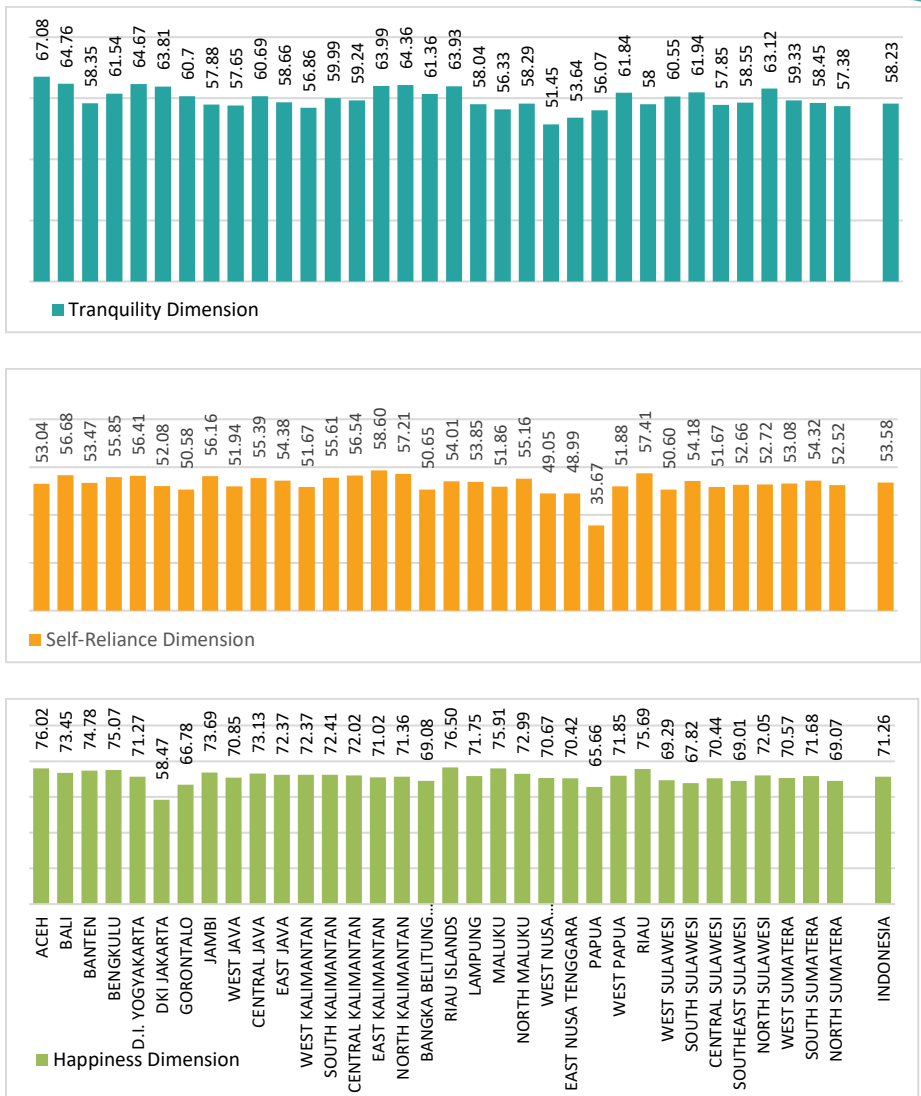
However four provinces did not achieve the targeted value of 59, i.e., Papua, West Nusa Tenggara, East Nusa Tenggara, and DKI Jakarta. While the outcomes between provinces varied, most fell into the fairly good (developing) category.



Source: BKKBN, KPI Calculation Report 2023

Figure 5.3 Family Development Index by Province 2023

Based on indices, the provinces with the highest tranquility index were Aceh, Bali, and DI Yogyakarta, each with a value above 64. In the self-reliance index, the highest outcomes occurred in East Kalimantan, North Kalimantan, and Riau, each with a value above 57. In the happiness index, the highest outcome was recorded by Aceh, with a value above 76. Contrarily, the province with the lowest index in the tranquility dimension was West Nusa Tenggara (51.45), in the self-reliance dimension was Papua (35.67), and in the happiness dimension was DKI Jakarta (58.47) (Figure 5.4).



Source: BKKBN

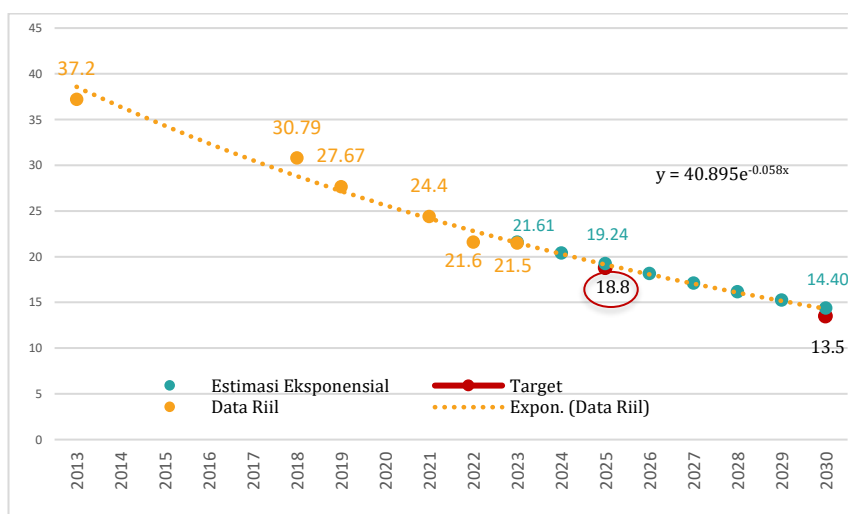
Figure 5.4 Family Development Index by Dimension and Province

2023

2. Resilience in Children Under and Over Five

a. Stunting Prevalence

In 2013, the prevalence of stunting in Indonesia was 37.20%, significantly higher than the recommendation of the World Health Organization at 20%. According to the Basic Health Research (Riskesdas), the prevalence of stunting in 2013 was 37.2%. It fell to 30.8% in 2018. On average, the proportion declined by 0.7% every year. In 2019, the Indonesian Under-Five Children Nutritional Status Survey (SSGBI) revealed the prevalence of stunting at 27.7%. Two years later, the Indonesian Nutritional Status Survey (SSGI) showed a decrease in the prevalence from 24.4% to 21.6% and 21.5% in 2022 and 2023 respectively.



Source: Riskesdas 2013, 2018; SSGBI 2019; SSGI 2021, 2022; SKI 2023

Figure 5.5 Trends in Under-Five Stunting Prevalence in Indonesia

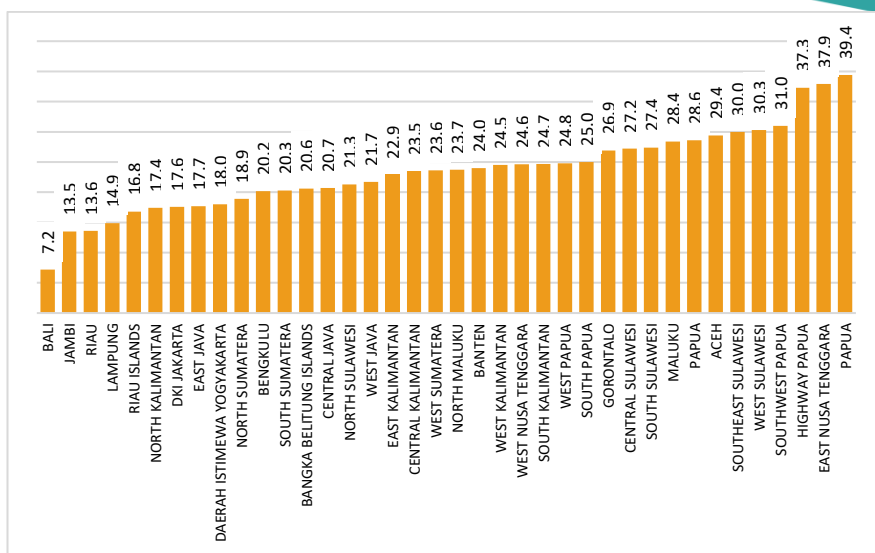
According to the Indonesian Health Survey (SKI) in 2023 by the Ministry of Health, the prevalence of stunting in Indonesia stood at 21.5%. It is

considerably higher than the 14% target. Therefore, reducing the prevalence is a herculean task.

Stunting is the impaired growth and development of children due to chronic malnutrition and repeated infection, indicated by length or height below the standard. Chronic malnutrition during the first 1,000 days of a child's life due to repeated infection and malnutrition impairs body growth, cognitive development, and immune system. In the long run, the child faces a high risk of degenerative diseases. The risk of stunting is predicted to be 20% since pregnancy; if a mother is malnourished, her fetus lacks nutrition for growth and development in the womb (BKKBN, 2017).

Interventions to prevent stunting should be made against the families of children under 2 or 5, during pregnancy, and during the pre-conception period, i.e., three months before conception. Therefore, adolescents or those who are going to be married should be intervened to prevent stunting. Thus, the risk of stunting can be reduced earlier.

Under Presidential Regulation Number 72 of 2021 on the Acceleration of Stunting Reduction, the national strategy encompasses five pillars: promoting the commitment of governments at all levels; improving the communication to change behavior and empower communities; making specific and sensitive interventions more convergent; promoting food and nutrition security among individuals, groups, and communities; and strengthening and developing the system, data, information, research, and innovation.



Source: SSGI 2022

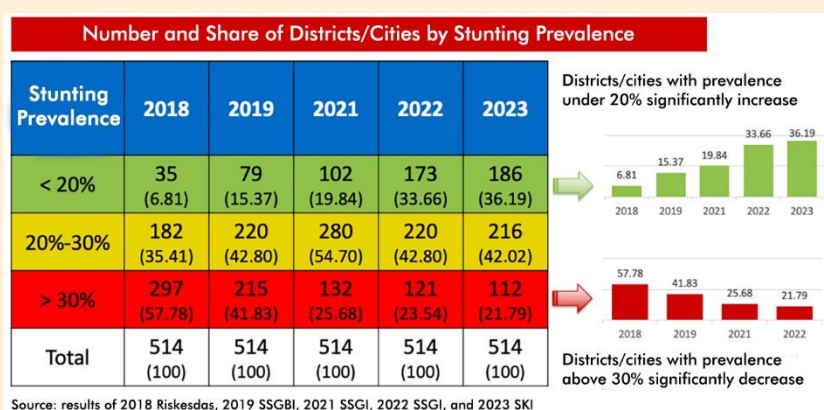
Figure 5.6 Stunting Prevalence by Province 2022

Despite the decrease in stunting prevalence in some provinces, stunting remained quite prevalent in other regions of Indonesia. It is caused by, among others, unequal access to health services, education, and economy. Besides, local customs and traditions do not support a better nutritional status. A more focused and coordinated approach is needed to end these regional disparities. East Nusa Tenggara had the highest prevalence of stunting at 35.3%. On the other hand, the prevalence in Bali stood at 8%, the lowest in Indonesia. At the national level, the percentage was above 30% in six provinces, i.e., West Papua, Aceh, West Nusa Tenggara, Papua, West Sulawesi, and East Nusa Tenggara. In those provinces, a special strategy is necessary to

accelerate stunting reduction, leading to better achievement at the national level.

Box 5.1. Disparity of Stunting Prevalence among Districts/Cities

The disparity of stunting prevalence among districts/cities varied. Nevertheless, the percentage of districts/cities where the prevalence was below 20% continuously rose. On the other hand, the proportion of districts/cities with a prevalence above 30% kept going down. It shows a smaller disparity over time and a better stunting reduction performance in different regions.



At the national level, specific nutrition has seen an increase over the past five years despite insignificant changes in the prevalence of chronic lack of energy among pregnant women and that of low birth weight. Even, complete immunization decreased considerably. Many infants had short birth lengths. In addition, the prevalence of anemia and chronic lack of energy among pregnant women was high.

Nutrition-Specific Determinants of Stunting in Under-Five

Nutrition-Specific	2018	2023	Data Source
1. Assistance During Delivery by Healthcare Professionals (%)	93,1	96,1	2018 Riskesdas and 2023 SKI
2. Infants with Low Birth Weight (LBW) (%)	6,2	6,2	2018 Riskesdas and 2023 SKI
3. Infants with Short Birth Length (%)	22,6	18,2	2018 Riskesdas and 2023 SKI
4. Exclusive Breastfeeding for Infants Under 6 Months (%)	44,36	73,79	2018 and 2023 Susenas
5. Full Immunization Coverage in Children Aged 12–23 Months	57,9	35,8	2018 Riskesdas and 2023 SKI
6. Adolescents Aged 10–19 with TTD (%)	22,9	45,2	2018 Riskesdas and 2023 SKI
7. Pregnant Mothers with TTD (%)	87,6	92,2	2018 Riskesdas and 2023 SKI
8. Anemia Prevalence in Pregnant Mothers (%)	48,9	27,7	2018 Riskesdas and 2023 SKI
9. Prevalence of Chronic Energy Deficiency in Pregnant Mothers (%)	17,3	16,9	2018 Riskesdas and 2023 SKI

Meanwhile, several sensitive nutrition variables affecting stunting were relatively low in spite of their increase over the past five years. The poverty rate was quite high. Besides, decent housing was much needed. Moreover, health security did not cover 75% of the population.

Nutrition-Sensitive Determinants of Stunting in Under-Five

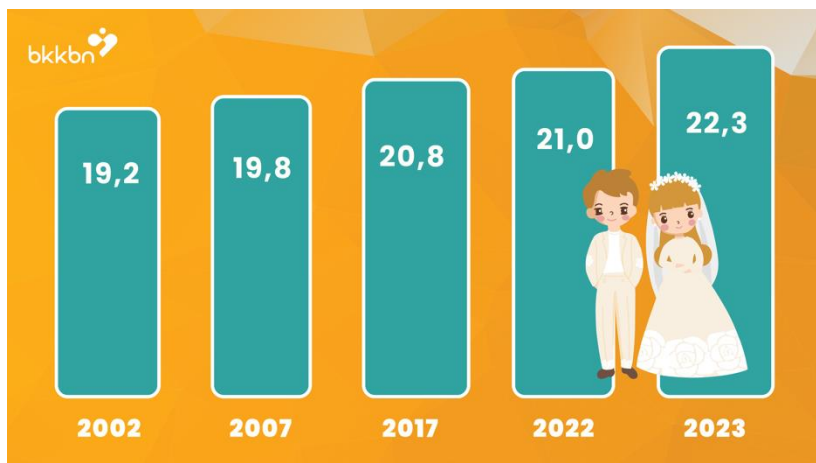
Nutrition-Sensitive	2018	2023	Data Source
1. Poverty Level (%)	9.82	9.36	2019 and 2023 Susenas
2. Decent Housing (%)	56.51 ^{*)}	63.15	2019 and 2023 Susenas
3. Use of Decent Sanitation (%)	77.39 ^{*)}	82.36	2019 and 2023 Susenas
4. Use of Decent Drinking Water (%)	89.27 ^{*)}	91.72	2019 and 2023 Susenas
5. Use of Modern Family Planning Methods (%)	57.2 ^{**)}	60.4	2017 SDKI and 2023 PK
6. Median Age at First Marriage (Years)	20.8 ^{**)}	22,3	2017 SDKI and 2023 PK
7. Age Specific Fertility Rate (ASFR) 15–19	36 ^{**)}	19.7	2017 SDKI and 2023 PK
8. Health Insurance Coverage (%)	64.10	73.38	2018 and 2023 Susenas
9. Mean Years of Schooling for Women 15+ (Years)	8.26	8,92	2018 and 2023 Susenas

Note: *) 2019 Susenas
**) 2017 SDKI

3. Resilience in Young People

a. Age at First Marriage

In accordance with Law Number 16 of 2019 on the Amendment to Law Number 1 of 1974 on Marriage, the minimum age of marriage for women is 19 years. The first marriage is very important for women as they begin their reproduction period. The minimum marriage age should be limited to prevent child marriage as a child bride is vulnerable to health risks if she is pregnant. Early marriage leads to women's longer reproduction period and more children. In addition, children are the future generation, deserving good education and jobs for the Golden Indonesia 2045.



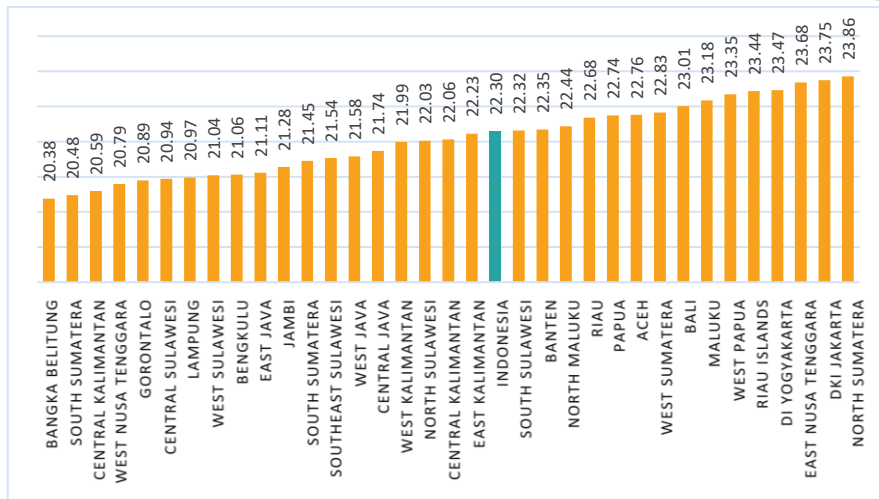
Source: SDKI 2002, 2007, 2017; PK2022; PK2023

Figure 5.7 Median Age at First Marriage (MUKP) in Indonesia

Median Age at First Marriage (MUKP) is the median or median age when women of childbearing age (15-49) were first married, and they are married or ever married. The proportion of MUKP at 50% shows all women at the age of 15-49 were married at a particular age. MUKP

data can be used as inputs to limit the minimum age at child marriage. Then, MUKP reflects the change in the fertility pattern. It can also be used as materials and a method for advocacy to decrease ASFR among women aged 15-19 effectively and efficiently. According to the Family Data Update 2023, the MUKP in 2023 was 22.3. In Renstra BKKBN 2022, the targeted MUKP was 22. In other words, MUKP hit the target in 2023.

In general, North Sumatra had the highest MUKP among women at 23.86, while Bangka Belitung had the lowest at 20.38. More than half of the provinces in Indonesia had MUKP above 21 years. On the other hand, 18 provinces hit the target of MUKP at 22 in Renstra BKKBN 2023. These provinces are North Sulawesi (22.03), North Kalimantan (22.06), East Kalimantan (22.30), South Sulawesi (22.32), Banten (22.32), North Maluku (22.68), Riau (22.68), Papua (22.74), West Sumatra (22.83), Bali (23.01), Maluku (23.18), West Papua (23.35), Riau Islands (23.44), DI Yogyakarta (23.47), East Nusa Tenggara (23.68), DKI Jakarta (23.75), and North Sumatra (23.86), (Figure 5.8).



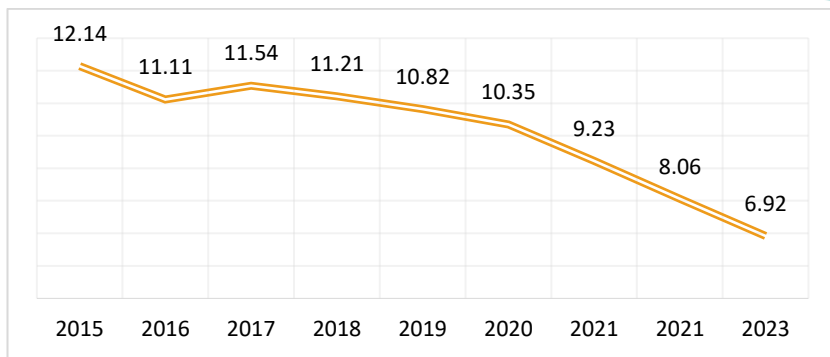
Source: BKKBN, PK2023

Note: DKI Jakarta used data from SDKI2017

Figure 5.8 Median Age at First Marriage (MUKP) by Province 2023

b. Child Marriage

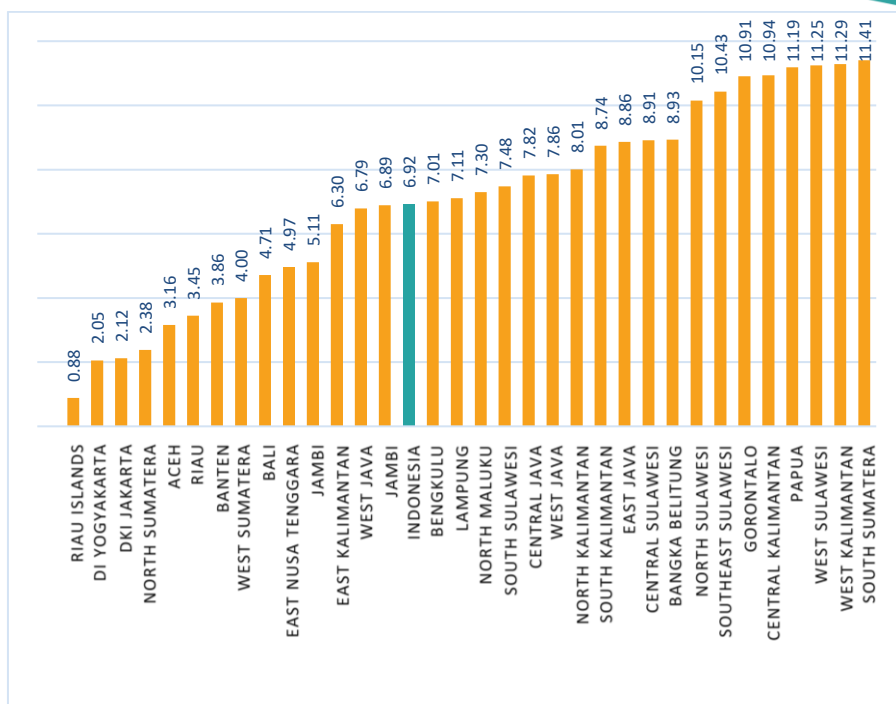
Child marriage is a complicated issue, involving a child under 18 (Ministry of PPPA, 2022). Child marriage has more detrimental impacts on access to education and the quality of health services. Child marriage affects the children involved and the next generation. In addition, it can lead to intergenerational poverty and malnutrition. Besides, child marriage leads to a woman's longer reproduction period and more children.



Source: BPS, Susenas

**Figure 5.9 Percentage of Women Aged 20–24
Married at Age Under 18 2015–2023**

Child marriage is measured using the percentage of women aged 20-24 and married before the age of 18 (Ministry of PPPA, 2022). According to BPS, in 2023, 6.92% of women aged 20-24 were married before they turned 18. It reflects the high percentage of child marriage in Indonesia despite the decrease over the past few years (Figure 5.9). According to Djamilah and Kartikawati (2014), the high prevalence of child marriage is often caused by local customs or traditions, lack of education, and sexual intercourse outside of marriage. Therefore, more formal and informal education should be given to the general public and adolescents.



Source: BPS, Susenas 2023

Figure 5.10 Percentage of Women Aged 20-24 Married at Age Under 18 by Province 2023

There were wide disparities among provinces in the percentage of women aged 20-24 who were married before the age of 18. South Sumatra had the highest proportion at 11.41%. In Figure 5.10, eight other provinces had the prevalence of child marriage above 10%, i.e., North Sulawesi, Southeast Sulawesi, Gorontalo, Central Kalimantan, Papua, West Sulawesi, West Kalimantan, and South Sumatra. However, at the national level, the RPJMN target of 8.74% was reached in 2024.

4. Resilience in Elderly People

In general, Indonesia has started to experience population aging, which is characterized by the proportion of the older people (60 years and over) exceeding 10% of the total population. According to the March 2023 Susenas data, the percentage of the older people is estimated at 11.75%. The increasing number of older people will immediately affect the old-age dependency ratio. The old-age dependency ratio in 2023 is 17.08%, meaning that every 100 individuals of working age (15-59 years) support 17 older people. In other words, one older person is supported by seven individuals of working age (BPS 2023). There are more older women (52.82%) than older men (47.72%). In addition, there are more older people in urban areas (53.35%) than in rural areas (44.65%). Since the older population is a distinctive age group, there should be older people-friendly policies that can address their needs to enable older women and men in Indonesia to live healthy and prosperous lives.

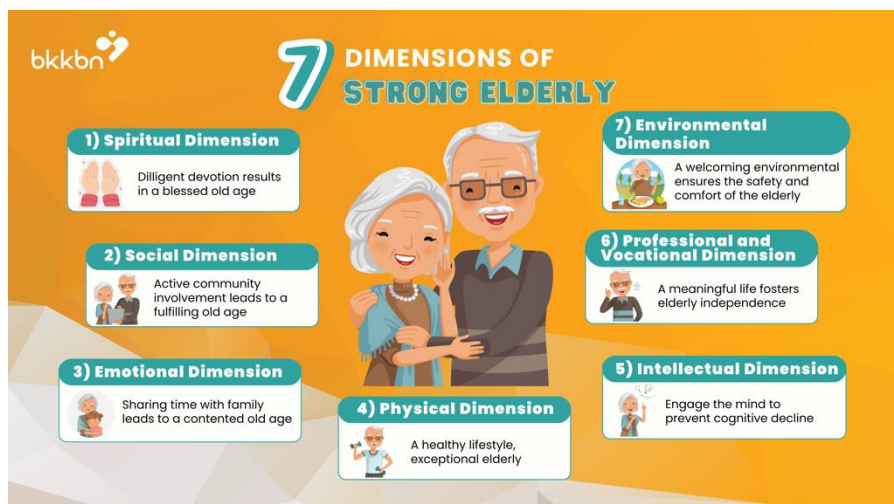
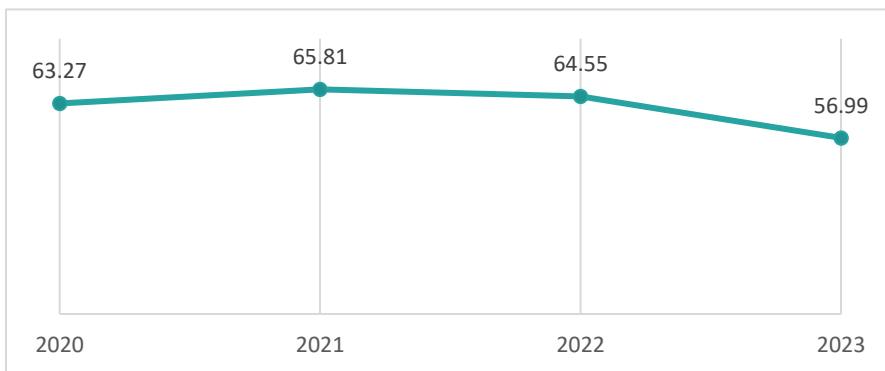


Figure 5.11 Seven Dimensions of Resilience in Elderly People

In order to improve the well-being and health of older people, their families and environment must support them. According to the March 2023 Susenas, 7.10% of older people live alone, 22.07% live with their partners, while the remaining ones live with their nuclear family, three generations of family, and other household members. Older people need help and assistance from their close family (Adioetomo et al., 2018) to help them contribute as productive older people. The government focuses on increasing efforts to achieve resilience of families with older people, where older people are expected to get protection against neglect and discrimination, thus realizing SMART (Sehat (Healthy), Mandiri (Self-reliant), Aktif (Active), Produktif (Productive), and Bermartabat (Dignified)) older people. In an effort to realize SMART older people, BKKBN has developed policies by strengthening the 7 dimensions of older people, i.e., the spiritual, social, emotional, physical, intellectual, professional-vocational, and environmental dimensions. The resilience in older people is measured using the resilience index of older people.



Source: BKKBN

Figure 5.12 Index of Resilience in Elderly People 2020–2023

While the resilience index of elderly people always exceeds the target every year, the values are rather dynamic. There was an increase from

2021 to 2022 of approximately 1%, and there was an increase in 2023 of 1%. The three-year trend shows that the highest index occurred in 2022 (64.55%). Based on the data, the resilience index of elderly people in 2023 reached 56.99%, which suggests that 56.99% of older Indonesians fell into the resilient category based on the seven dimensions.

5. Family Physical Environment

The family is the primary environment where personality develops and the first social institution that plays strategic roles in preparing children for the growth and development stage. Improving the quality of the family environment also means finding the balance between the quality of the non-physical environment and that of the physical one. In this section, the discussion focuses on the physical environment of the family as reviewed from aspects of decent housing, access to decent drinking water, and decent sanitation. Many studies have shown that a poor physical housing environment is closely associated with a number of diseases, such as dengue fever (Aini, 2022), pneumonia in under-five children (Shiddiq et al., 2022), and tuberculosis (Pulungan, 2022).

a. Decent housing

Decent housing is a fundamental need where the growth and development of infants and children take place and where the other occupants are sheltered. Decent housing can support the quality of life of the occupants in terms of security, comfort, and health. According to the Sustainable Development Goals (SDGs), four criteria must be met for housing to be considered decent or adequate. Two of them are structural durability and adequate living space. Structural durability is

measured by the type of building material for the roof (concrete, clay tile, zinc, asbestos, bamboo, wood, straw, sugar-palm fibers, or leaves); the type building material for the wall (brick wall, plaster, wood/plank, woven bamboo, log, and bamboo); and the building material for the wall (marble/granite, ceramics, parquet/vinyl/carpet, tile/terrazzo, wood/plank, and cement/red brick). Adequate living space is measured based on the criteria for adequate living space per capita.

According to the 2023 Susenas data, the number of families occupying decent housing in Indonesia is still quite low. Figure 5.13 shows that only around 63.15% of housing can be considered decent based on the criteria above. In other words, decent housing falls short of the target set forth in the 2020-2024 RPJMN, i.e., 70%.

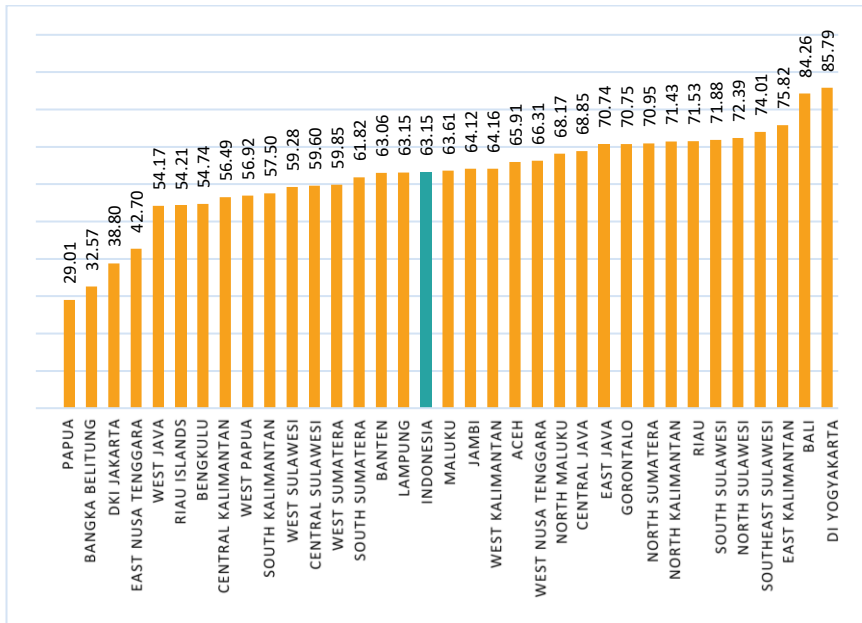


Source: BPS, Susenas 2019-2023

Figure 5.13 Percentage of Households Occupying Decent Housing

At the provincial level, DI Yogyakarta and Bali are the two provinces with the highest proportion of decent housing (above 80%). There are 11 provinces that have achieved the RPJMN target, i.e., DI Yogyakarta, Bali, East Kalimantan, Southeast Sulawesi, North Sulawesi, South

Sulawesi, Riau, North Kalimantan, North Sumatra, Gorontalo, and East Java (Figure 5.14). DKI Jakarta, as the seat of government with the highest population density compared to the other provinces, however, has a low percentage of decent housing, i.e., 38.80%, followed by Bangka Belitung Islands (32.57) and Papua (29.01).



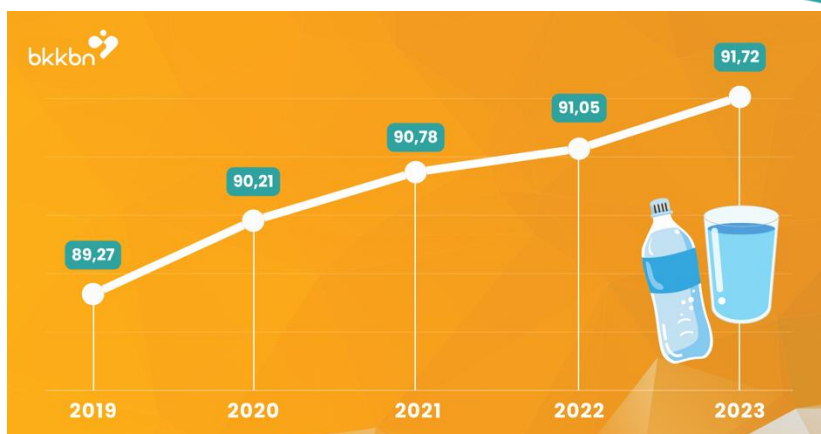
Source: BPS, Susenas 2023

Figure 5.14 Percentage of Households Occupying Decent Housing by Province 2023

b. Access to Decent Drinking Water

Access to drinking water is also fundamental for humans to survive and maintain their health. In this case, the provision of access to water must be viewed as a major aspect in the fulfillment of the right to an adequate standard of living and the right to health. Drinking water can be considered decent if it is drinking water, whether treated or untreated, for households that has met the health standards and can be drunk directly.

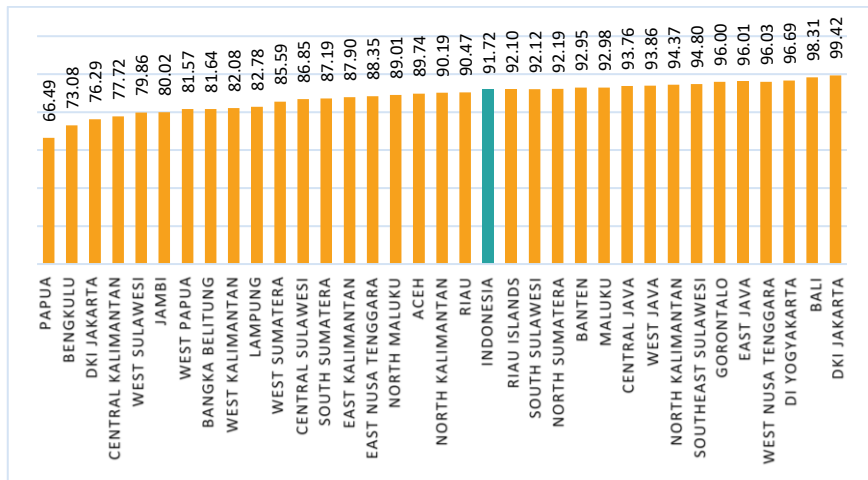
Whether water sources are decent or not is measured by the type of main source of drinking water and water source for other domestic uses. Since 2019, the concept used has referred to the metadata of Sustainable Development Goals (SDGs), where households are considered to have access to decent drinking water (improved water) if the main sources of drinking water are tap water, protected water, and rainwater. Protected water includes drilled wells/pumps, protected wells, and protected springs. Households that source their drinking water from bottled water are categorized as having access to access to decent drinking water if the water sources for bathing/washing come from tap water, drilled wells/pumps, protected wells, protected springs, and rainwater.



Source: BPS, Susenas 2019-2023

**Figure 5.15 Percentage of Households
with Access to Decent Drinking Water 2019–2023**

In 2023, access to decent drinking water in Indonesia was fairly good, where 91.72% of households had access to decent drinking water, although it is still below the 2024 national target. At the national level, the government, through the 2020–2024 RPJMN, targets that 100% of households have access to decent drinking water by 2024. At the provincial level, as shown in Figure 5.16, Gorontalo, East Java, West Nusa Tenggara, DI Yogyakarta, Bali, and DKI Jakarta record a proportion above 95%. Meanwhile, five provinces record a proportion below 80%, i.e., Papua, Bengkulu, South Kalimantan, Central Kalimantan, and West Sulawesi.



Source: BPS, Susenas 2023

Figure 5.16 Percentage of Households with Access to Decent Drinking Water by Province 2023

c. Access to Decent Sanitation

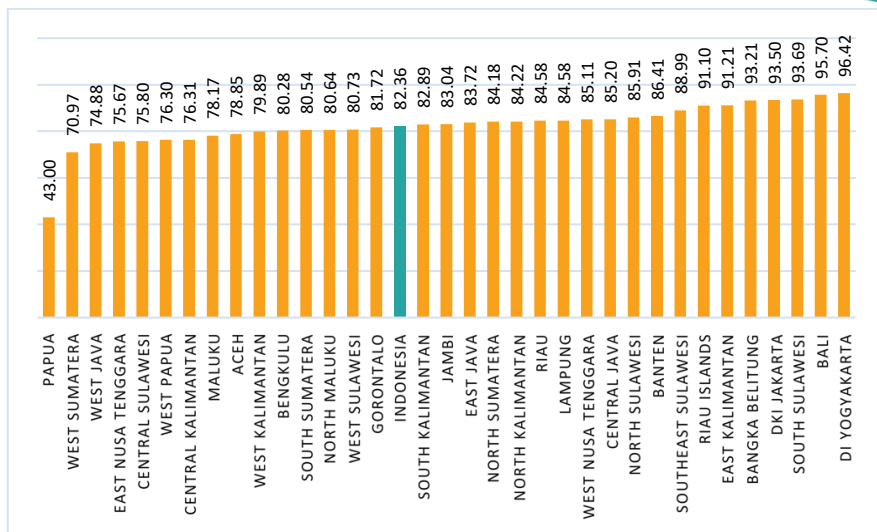
Referring to the 2020–2024 RPJMN, the components that become the basis for assessing access to safe and decent sanitation are the users of sanitation facilities, the upper structure or the type of toilet, and the lower structure or the final disposal site for feces. Specifically, a household can be considered to have access to decent sanitation if the household has a room for defecation used exclusively or together with certain (limited) households or in a public washroom, and the type of toilet is gooseneck, and there is a final disposal site for feces in a septic tank or wastewater treatment plant or in a hole in the ground if the household lives in a rural area.



Source: BPS, Susenas 2019-2023

Figure 5.17 Percentage of Household Using Decent Sanitation 2019–2023

The use of decent sanitation in Indonesia has been a growing trend since 2019, achieving a percentage of 82.36 in 2023 (Figure 5.17). However, this achievement is still below the national target as set forth in the 2020–2024 RPJMN, i.e., 90% of households will have access to decent sanitation by the end of 2024. At the provincial level, several provinces have achieved this target, i.e., DI Yogyakarta, Bali, South Sulawesi, DKI Jakarta, Bangka Belitung Islands, East Kalimantan, and Riau Islands (Figure 5.18).



Source: BPS, Susenas 2023

Figure 5.18 Percentage of Households Using Decent Sanitation by Province 2023

6. Health Insurance

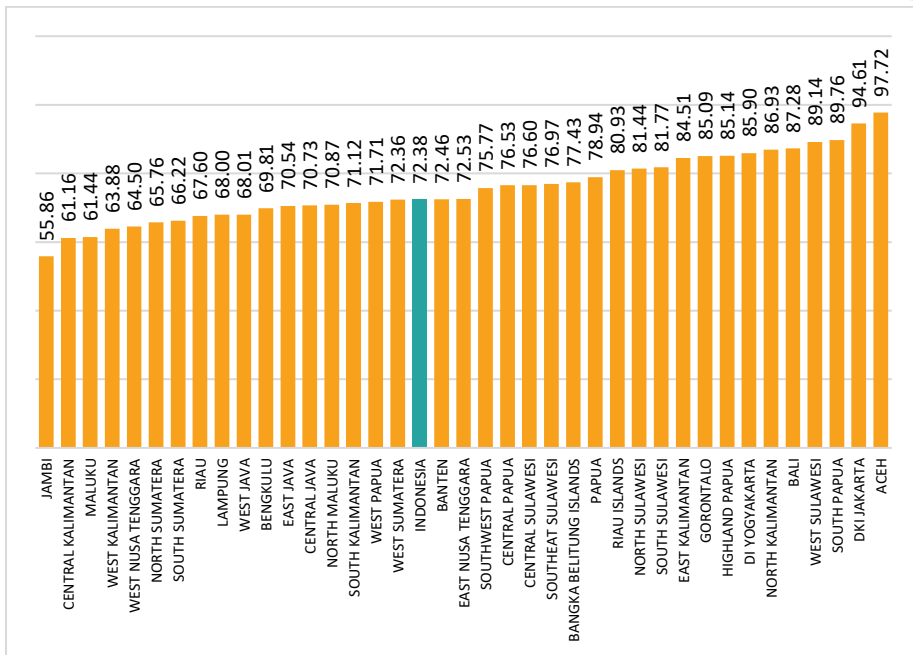
One of the strategies to improve the quality of human resources is to provide better healthcare services. Health insurance allows people access to healthcare services, which is why the government has set up the National Healthcare Insurance (JKN) as a social security program aimed at providing everyone with easy access to healthcare services. The people benefit from this program in several ways: they get promotive healthcare, disease prevention care, treatments or curative care, and rehabilitative care, which make up a comprehensive personal healthcare service. The ultimate goal is a better public health status indicated by reduced mortality rate and improved life expectancy of the whole population.



Source: BPS, Susenas 2023

Figure 5.19 Percentage of Population with Health Insurance 2015–2023

In Indonesia, the number of people with health insurance keeps increasing, even though the current percentage is still at 72.38% (Figure 5.19). This means that around 27% of the population is not covered by health insurance. This is very far below the 2024 national target, which is 98%. By province, only two managed to get past 90% coverage: Jakarta and Aceh (Figure 5.20). Meanwhile, Jambi, Central Kalimantan, Maluku, West Kalimantan, and West Nusa Tenggara have the lowest coverages of less than 65%.

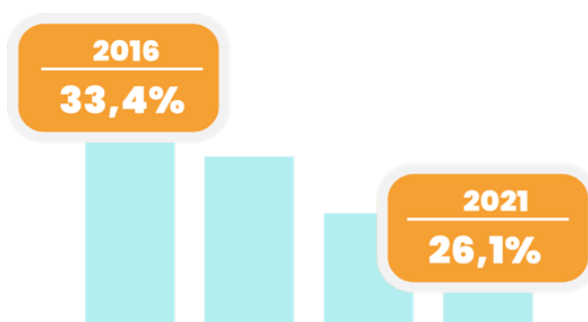


Source: BPS, Susenas 2023

**Figure 5.20 Percentage of Population with Health Insurance
by Province 2023**

7. Violence Against Women and Children

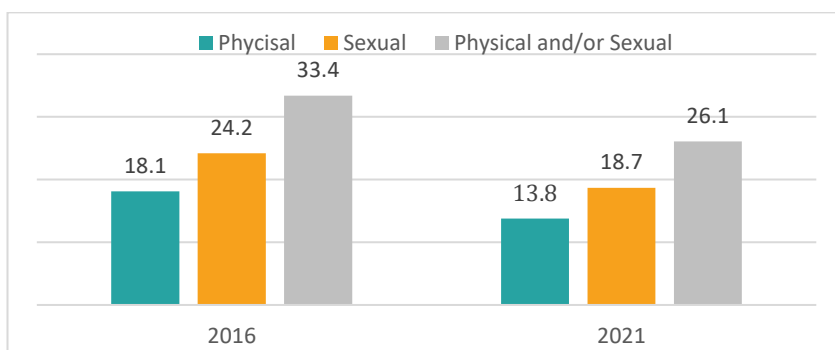
Violence against women is any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. There are many types of violence against women, including physical violence, physiological violence, sexual violence, exploitation, human trafficking, abandonment, and many more.



Source: SPHPN 2016 dan 2021

Figure 5.21 Prevalence of Violence Against Women During Lifetime 2016–2021

According to the 2021 National Women’s Life Experience Survey (SPHPN), around 1 in 4 women aged 15–64 and older have experienced physical and/or sexual violence by their partners or others during their lifetime. This is an improvement, considering the ratio was 1 in 3 in 2016. Still, this is an alarmingly high ratio.



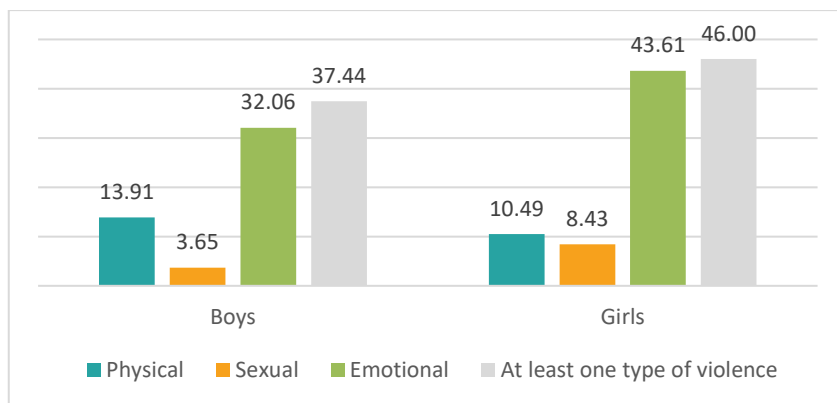
Source: SPHPN 2016 dan 2021

Figure 5.22 Prevalence of Violence Against Women During Lifetime by Type of Violence 2016 and 2021

Violence against children is any act against children that results in, or is likely to result in, physical, sexual, or mental harm or suffering to

women, including threats of such acts, coercion, or unlawful deprivation of liberty (Law Number 35 of 2014). Violence impacts a child's development both physically and mentally, as it causes low self-esteem, difficulty in communication, negative and destructive behavior, and even leads to alcohol and drug abuse.

According to the 2021 National Survey of Life Experiences of Children and Adolescents (SNPHAR), the prevalence of violence against children in Indonesia is quite high, with 37.44% of boys and 43.61% of girls aged 13–17 experiencing at least one of three types of violence, i.e. physical, sexual, and emotional violence, during their lifetime.



Source: SNPHAR, 2021

Figure 5.23 Prevalence of Violence Against Children Aged 13–17 by Gender and Type of Violence 2021

The most common type of violence experienced by children is emotional violence, with 43.61% of girls and 32.06% of boys aged 13–17 experiencing it during their lifetime. It is also shocking that 8.43% of girls and 3.65% of boys have experienced sexual violence (Figure 5.23.). This highlights the weakness in our education of children, as the survey also reveals that the perpetrators are mostly their partners.



POPULATION DISTRIBUTION AND MOBILITY



CHAPTER VI

POPULATION DISTRIBUTION AND MOBILITY

1. Population Distribution and Density

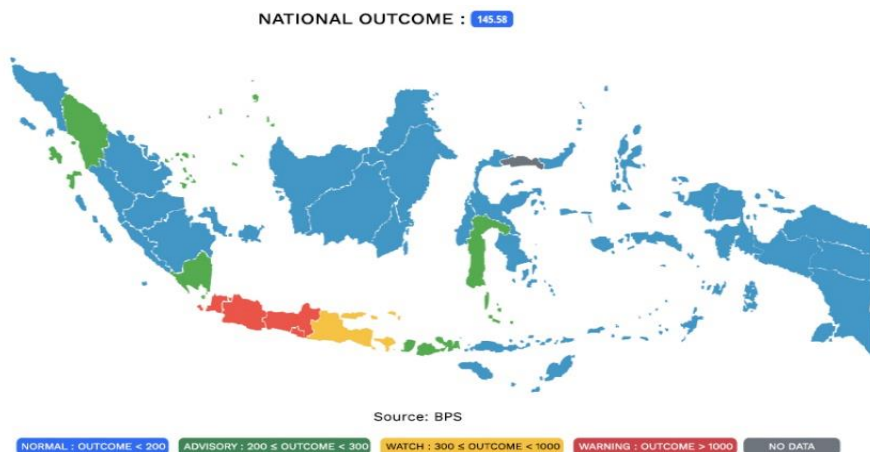
Population distribution and mobility are two sides of the same coin. They are key determinants in population control. Population distribution refers to the spatial or regional distribution of population. This is closely related to population density, which is the average number of population per square kilometer of a given area. Analyzing population distribution is important in managing population mobility in order to support sustainable and equal development while meeting the unique needs of every region. Population mobility is the result of the evolving social and economic phenomena happening both locally and nationwide.

As stipulated in the Presidential Regulation Number 153 of 2014 on The Grand Design of Population Development, the government drives population distribution and mobility management by increasing non-permanent mobility through the provision of various social, economic, cultural, and administrative facilities in areas predicted to be destinations of population mobility, while discouraging mobility to metropolitan areas or major cities. The population distribution in Indonesia is still demonstrating the same pattern: population increase in already dense areas and urban areas serving as economic hubs. This causes urban areas to expand into surrounding supporting areas.

Inevitably, issues arise as a result of this pattern, such as glaring development disparities between areas in all administrative levels (provinces, districts, and the lowest levels villages/subdistricts), sustainability and ecological issues in development due to the limited

supporting and carrying capacities of the environment, and social conflicts. According to the 2020 Population Census, provinces in Java Island still have the most populations, collectively amassing 151.59 million people or 56.10% of the national population. This underscores how the island, being the center of economic development since the country's independence, is still the main destination for people to migrate to.

Historically, many efforts have been made by the government to encourage population spread to areas outside of Java Island, such as economic development policies, equal distribution of employment, and population movement through transmigration programs. However, these have little effect on the population densities in the island's six provinces. This inequal distribution can have both positive and negative impacts on people's welfare, although so far, the negative ones have been experienced the most.



Source: BPS

Figure 6.1 Indonesian Population Density by Province 2023

In 2023, provinces with the highest population densities (Figure 6.1) are Jakarta (16,072.2 people/km²), West Java (1,409.37 people/km²), Banten

(1,273.71 people/km²), Special Region of Yogyakarta (1,192.57 people/km²), and Central Java (1,144.52 people/km²), followed by East Java (868.72 people/km²) and Bali (761.97 people/km²). Outside Java Island and Bali Island, the population density in each province is considerably low, except for Lampung, Riau Islands, and West Nusa Tenggara, which have shown some increase.

This population inequality, both between islands and between provinces, has a lot to do with topography and climate, economic development policies, and population distribution policies, particularly regarding mobility management. Other problems also arise when it comes to dealing with population distribution, including institutional issues, as there is currently no government agency specifically responsible for managing population distribution and mobility, and planning issues due to the absence of integration between spatial planning and economic development planning, in addition to the obvious issues, from equal development between regions to sustainable development (especially in major cities) and social conflicts. All of this calls for proportional regional development policies across every level—nationwide, province, and district/city—as a real step towards improving people’s welfare by allowing every region to contribute to the effort.

2. Permanent Mobility

Mobility comes from the Latin word *mobilis* which means easy to move, active, or moving. Population mobility is the movement of people from one area to another. It is a natural phenomenon that occurs as a response to the situation and conditions faced. Population mobility factors include

economics, education, security, political situation, natural disasters, and other social conditions. Population mobility is divided into two, namely vertical mobility and horizontal mobility. Vertical population mobility is better known as a change in status while horizontal population mobility is geographical population mobility. Furthermore, horizontal population mobility is divided into two, namely permanent mobility and non-permanent mobility. If the mobility is intended to settle, it is classified as permanent mobility, whereas if it is intended not to settle, it is classified as non-permanent mobility.

Permanent mobility is the movement of people from one area to another to settle for a long period of time. Permanent mobility is also called migration. The concept of “settle” used in many countries refers to mobility where the person has lived or intends to live in the destination for at least one year. In full, migration is defined as the movement of people with the aim of settling from one place to another across administrative borders (internal migration) or political/state borders (international migration). The migration phenomenon is one indication of a country’s economic progress because issues related to migration are closely related to development issues (Bandiyono, 2008). Areas with high economic development usually become the destinations of migration as people tend to migrate towards centers of industry and trade and areas that are perceived to have higher economic levels.

The emergence of job opportunities and high wages in other areas is a pull factor for migration destinations. Economic motives as a factor influencing individuals to undertake recent migration are also explained by the high rate of recent migration in the productive age group. In addition, migration is also influenced by structural factors such as socio-demographic

characteristics, level of satisfaction with the place of residence, geographical conditions of the area of origin, and community characteristics. Dissatisfaction with this structural background will usually drive someone to migrate.

a. Lifetime Interprovincial Migration

Lifelong migration is the movement of people with the aim of settling for a long period of time. People whose area of residence at the time of the census or survey is different from their area of birth are lifetime migrants. Lifetime migration is determined based on the difference between the area of residence at the time of the census and the area of birth. The lifetime interprovincial migration rate is the ratio of the number of people whose province of residence at the time of the census is different from the province of birth to the total population.

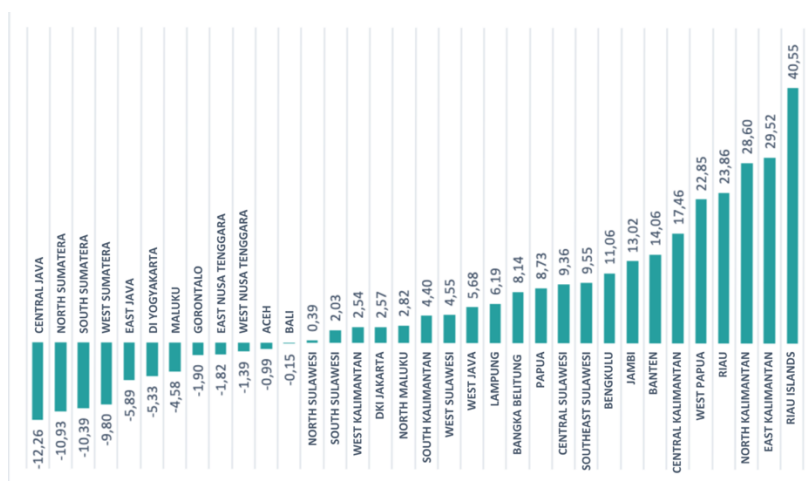


Source: SP1971, SP1980, SP1990, SP2000, SP2010, SP2020

Figure 6.2 Trends in Lifetime Interprovincial Migration Rates

Based on Figure 6.2, the lifetime interprovincial migration rate in 2020 (Long Form PC2020 results) decreased to 9.83% from 11.77% in

2010, meaning that one person out of every 10 Indonesians in 2020 lived in a province different from their province of birth. However, in general, Indonesia's lifetime interprovincial migration rate has increased significantly over the past half century. In 1971, the lifetime interprovincial migration rate was only 4.90% or approximately one out of 20 people lived in a different province from their province of birth (PC1971).

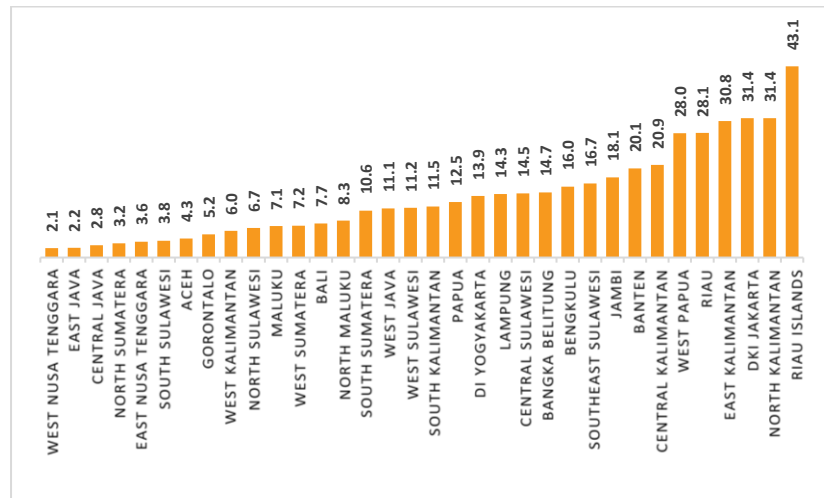


Source: SP2020 LF

Figure 6.3 Lifetime Interprovincial Migration Rate in 2022

In 2022, there were 22 provinces with positive lifetime migration rates and 12 provinces with negative rates (Figure 6.3). North Kalimantan (28.60%), East Kalimantan (29.52%), and Riau Islands (40.55%) were three provinces with the highest positive lifetime migration rates. This shows that these three provinces were the largest recipients of lifetime migrants in Indonesia. They had a great migrant pull factor, given that they were economic areas. The Riau

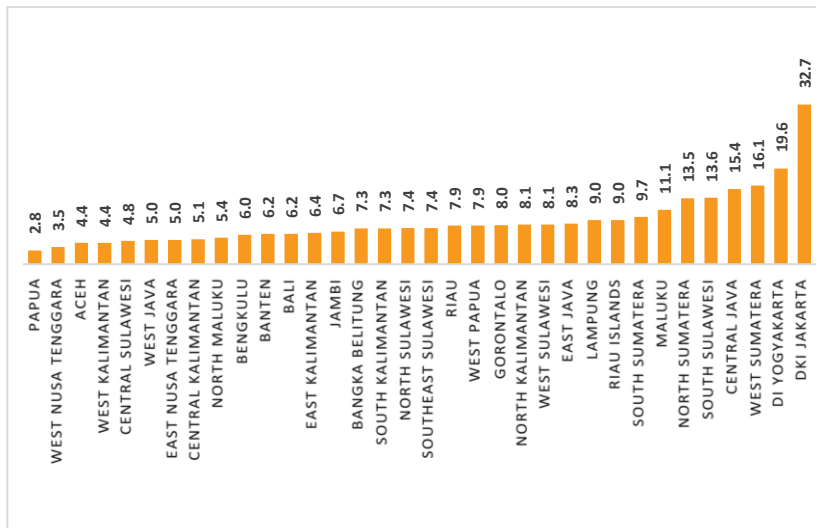
Islands was a free trade and port area, while North Kalimantan and East Kalimantan were the largest oil and gas mining areas Indonesia. Meanwhile, South Sulawesi (-10.39%), North Sulawesi (-10.93), and Central Java (-12.26) were the provinces with the lowest negative lifetime migration rates in Indonesia.



Source: Susenas 2022

Figure 6.4 Lifetime In-Migration Rates by Province

The provinces with the largest proportion of lifetime in-migrants (Figure 6.4) were Riau Islands (43.1%), North Kalimantan (31.4%), and the Special Capital Region of Jakarta (31.4%). They attracted many in-migrants because Riau Islands is a well-known trading center, North Kalimantan is rich in abundant natural resources such as oil, natural gas, and coal which are targeted to become sources of energy to support the Capital City of Nusantara, and the Special Capital Region of Jakarta is an economic center.



Source: Susenas 2022

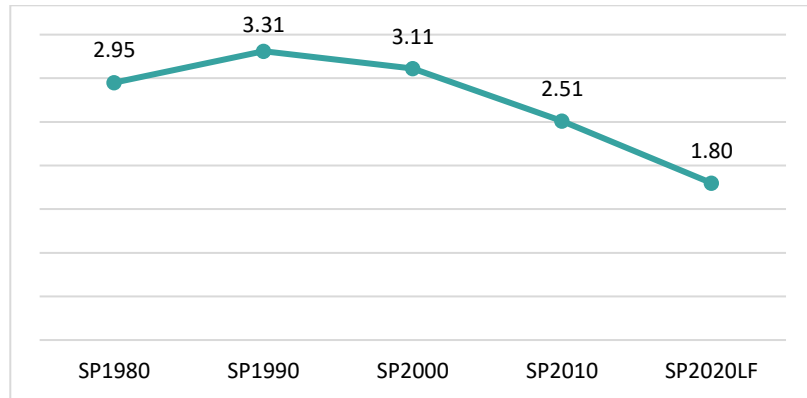
Figure 6.5 Lifetime Out-Migration Rates by Province

Meanwhile, the provinces with the largest lifetime out-migrants in Indonesia (Figure 6.5) were the Special Capital Region of Jakarta (32.7%), the Special Region of Yogyakarta (19.6%), and West Sumatra (16.1%). The provinces in Java were the main destinations and contributors to the areas of origin of lifetime migrants in Indonesia because they were economic and trade areas while West Sumatra had great economic potential in the agriculture, fisheries, and tourism sectors.

b. Recent Migration

Recent migration is the movement of people where the current place of residence is different from where they lived five years earlier. A person is said to be a recent migrant if their place of residence five years ago is different from their place of residence at the time of the

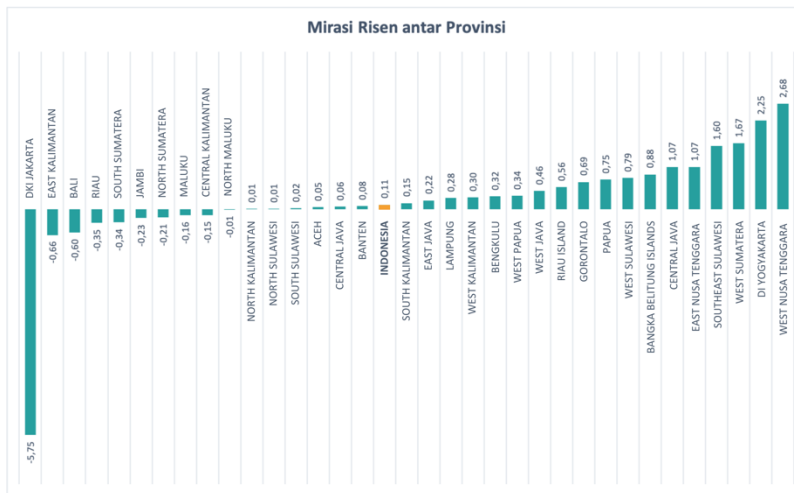
census. The recent migration rate is the ratio of the number of recent migrants to the total population more than five years earlier.



Source: SP2020

Figure 6.6 Trends in Recent Migration Rates in Indonesia

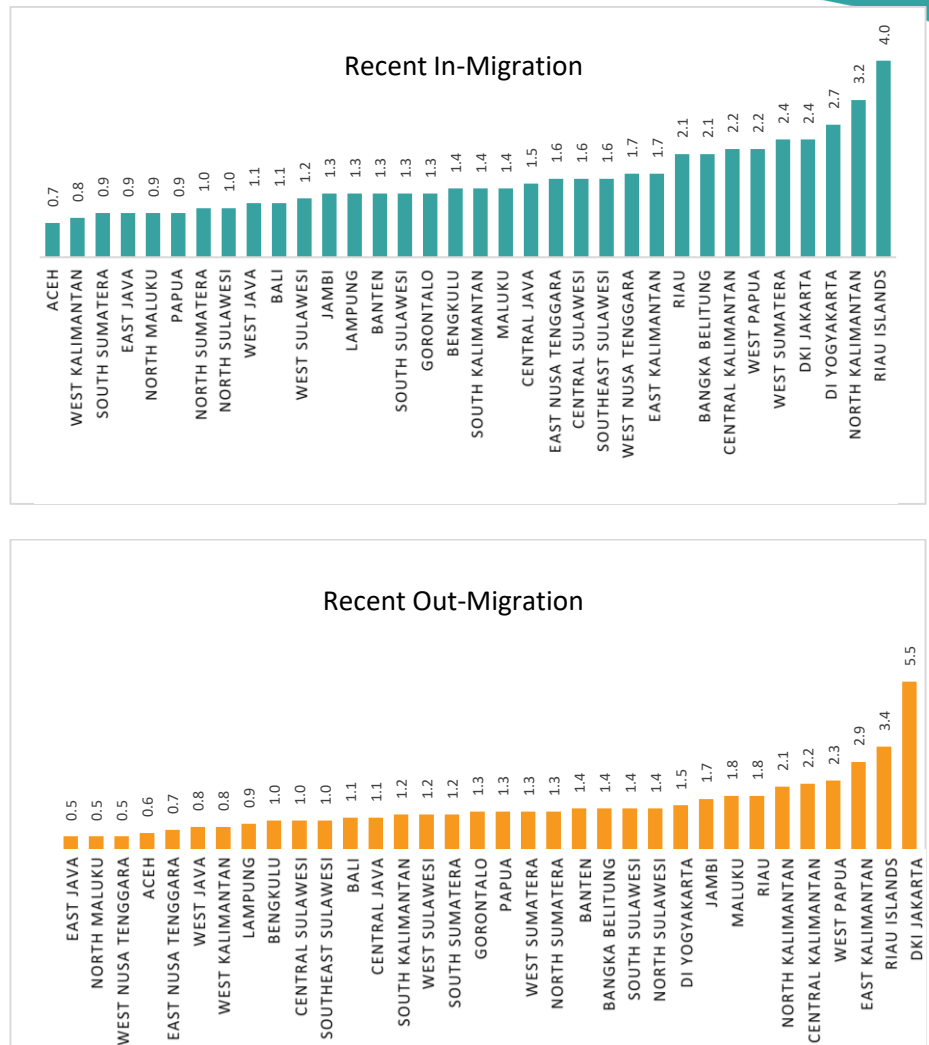
The Long Form PC2020 results in Figure 6.6 indicate that the recent interprovincial migration in the last five years was around 1.80%, or in other words, one in 50 Indonesians moved to another province or 4.5 million people were recent interprovincial migrants. Compared to the PC2010 results, this rate shows a downward trend that continued the trend that had been ongoing since the 1990s. This downward trend may be attributed to improvements in the transportation sector with the availability of transportation facilities and infrastructure that are progressing rapidly in addition to other important events such as the COVID-19 pandemic, which attacked almost all countries.



Source: SP2020LF

Figure 6.7 Recent Interprovincial Migration Flow

In 2022, there were 24 provinces with positive net recent migration rates and 10 provinces with negative rates (Figure 6.7). West Nusa Tenggara, the Special Region of Yogyakarta, and West Sumatra were the provinces with the highest positive net recent migration rates. This shows that these three provinces were the largest recipients of recent migrants in Indonesia. Meanwhile, the Special Capital Region of Jakarta, Bali, and East Kalimantan were the most sending provinces of recent migrants with the lowest negative net values. This recent migration movement is thought to be related to the COVID-19 pandemic.

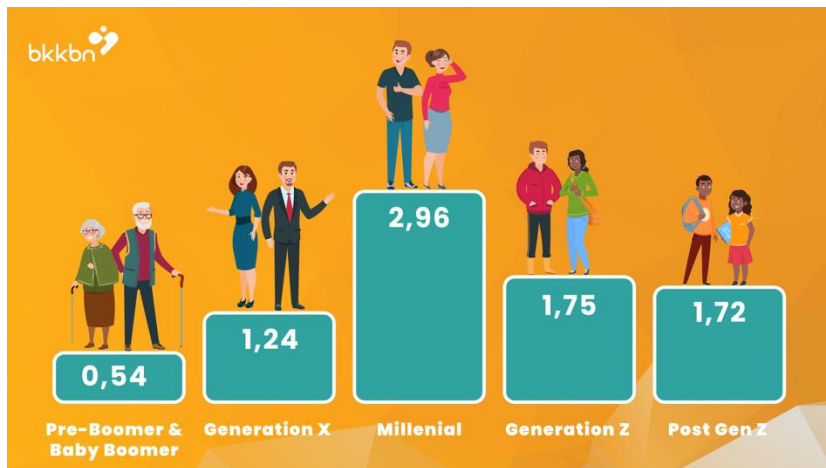


Source: Susenas 2022

**Figure 6.8 Recent In- and Out-Migration Rates
by Province in Indonesia**

Based on Figure 6.8, the Special Region of Yogyakarta (2.7%), North Kalimantan (3.2%), and Riau Islands (4.0%) were the main destination provinces for recent interprovincial migration. Meanwhile, the Special Capital Region of Jakarta (5.5%), Riau Islands (3.4%), and East

Kalimantan (2.9%) were the provinces that contributed the most to recent out-migration. Long Form The PC2020 also shows that the percentage of recent in-migration to areas outside Java reached 45.47%. This indicates that the gap in the contribution of recent migrants between Java and regions outside Java was narrowing. Similar to lifetime migrants, recent interprovincial migrants were mostly men of productive age. Male recent migrants made up 52.32% of all migrants.



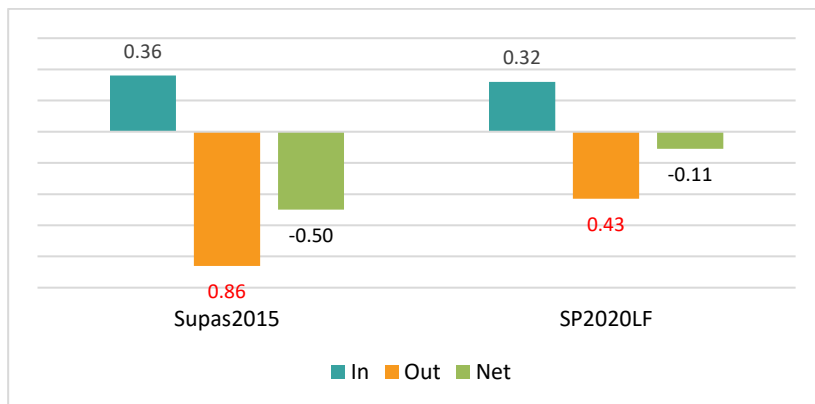
Source: Hasil LF SP2020 BPS, 2023

Figure 6.9 Percentage of recent Migration by Generation Group

Meanwhile, by generation group, interprovincial in-migrants nationally were dominated by Generation Z (1.72%) and Millennial Generation (2.96%) (Figure 6.9). Younger generations (post-Generation Z, Generation Z, and Millennials) show a higher proportion of recent migrants than older generations (Generation X, Pre-Boomers, and Baby Boomers) (BPS, 2023).

c. International Migration

International migration is the movement of a population from one country to another, where the international migration rate is the number of people who change countries of residence per 1,000 population. In this era of globalization, international migration is common and has become one of the characteristics of the modern age that encourages people to travel long distances for various purposes and motives. International migration is divided into three types, namely immigration, emigration, and repatriation. Immigration is the movement of people into a country with the intention of settling—the travelers are called immigrants. On the other hand, emigration refers to the movement of people from their home country to another country. While immigrants settle in the new country, emigrants leave the country of origin. Meanwhile, repatriation is the movement of people from the country of temporary residence to the country of origin, generally carried out by students and workers.



Source: Supas2015, SP2020

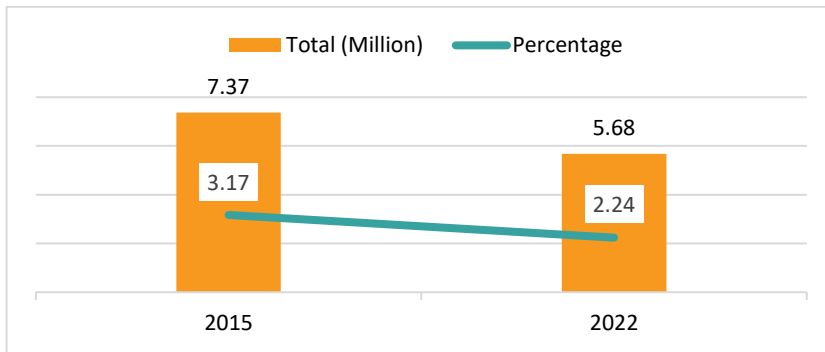
Figure 6.10 International Migration Rate in Indonesia 2015 and 2022

Based on the Long Form PC2020 results, Indonesia's net international migration rate was negative, indicating that more people left the country than entered. The immigration rate was recorded at 0.32, indicating that in a year, 32 out of 100,000 people moved to Indonesia from another country. Meanwhile, the emigration rate was 0.43, which means that 43 out of 100,000 Indonesians moved abroad in a year. Therefore, the net migration rate was negative at -0.11. Based on the Long Form PC2020 results, the stock of migrants by nationality was 19.9 thousand people or around 72 foreign nationals out of 1,000,000 Indonesian residents and most of them were Asian nationals, 19 of whom were Chinese nationals. Meanwhile, the stock of international migrants by place of birth regardless of nationality shows a population born abroad of 207.6 thousand people or 75 people born abroad per 100,000 Indonesian residents (BPS, 2023).

3. Temporary Mobility

Temporary mobility is the mobility of the population from one area to another not to reside. Economy is often the factor behind temporary mobility. Temporary mobility includes commuting mobility and circular mobility. Commuting mobility is the regular mobility (of workers or students) from an area of origin to a destination area and to the area of origin in less than 24 hours across a border between districts or cities. On the other hand, circular mobility is the regular mobility from an area of origin to the destination area and to the area of origin across a border between districts or cities on a weekly or monthly basis.

In this modern era, the more rapid development of equipment and infrastructure and transportation access leads to more temporary mobility. Besides, it allows temporary mobility to be faster than permanent mobility. Commuting migrants are those who regularly go to work, study, take a course in another district or city, and go back on the same day. The mobility of the population results from the expansion of an urban area to its surrounding area supported by the development of mass transportation which increases in quality and quantity.

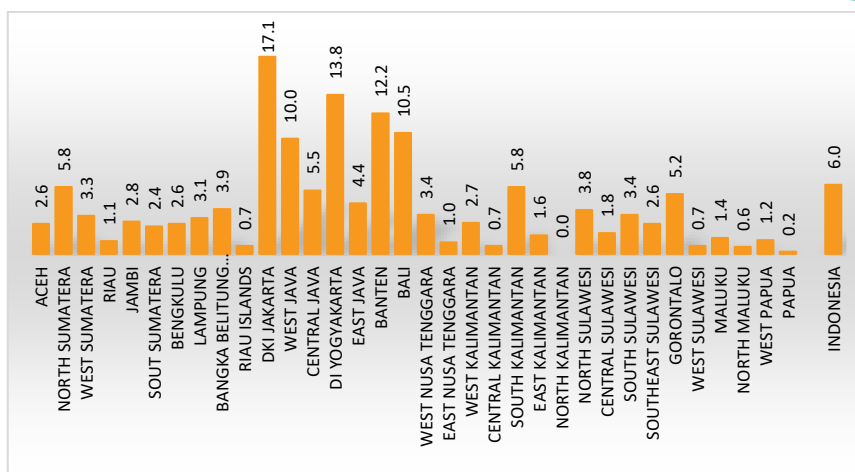


Source: BPS, Supas 2015 dan SP2020LF

Figure 6.11 Percentage of Commuting Population Aged 5 and Over in 2015 and 2020

As seen in Figure 6.11, there were 5.68 million commuters. In other words, 2.24% or 2 out of the 100 population aged 5 and over regularly had activities in other districts or cities and went back on the same day (BPS 2023). In 2015, the number of commuters reached 7.37 millions (3.17% of the total population aged 5 and over). Therefore, there was a significant decline. Most of the population in commuting mobility and circular mobility across Indonesia were workers.

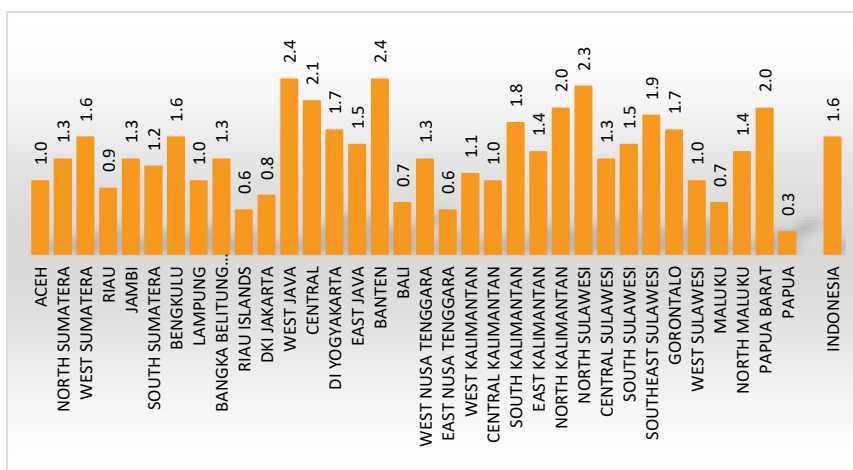
According to Sakernas in August 2022, the proportion of commuting migrant workers across Indonesia in 2022 was 6.0%, higher than that of circular migrant workers at 1.6%. In almost all provinces, commuting mobility had a higher percentage than circular mobility. The high proportion of commuting mobility shows that transportation system is good, making it easier for migrant workers to commute, and vice versa.



Source: Susenas August 2022 (BPS, 2023)

Figure 6.12 Percentage of Commuting Migrant Worker 2022

In Figure 6.12, DKI Jakarta (17.1%), DI Yogyakarta (13.8%), and Banten (12.2%) had the highest proportions of commuting. In western Indonesia, the percentage of migrant workers who commute was higher than the proportion of those with circular mobility. On the other side, eastern Indonesia had a slightly higher percentage of circular mobility than commuting mobility.



Source: Susenas August 2022 (BPS, 2023)

Figure 6.13 Percentage of Circular Migrant Workers 2022

Provinces in Java had the highest percentages of migrant workers with circular mobility (Figure 6.13). The highest proportions of circular mobility were found in West Java (2.4%), Banten (2.4%), and Sulawesi Utara (2.3%). Nonetheless, Papua, Riau Islands, and East Nusa Tenggara had the lowest percentages of migrant workers with circular mobility.

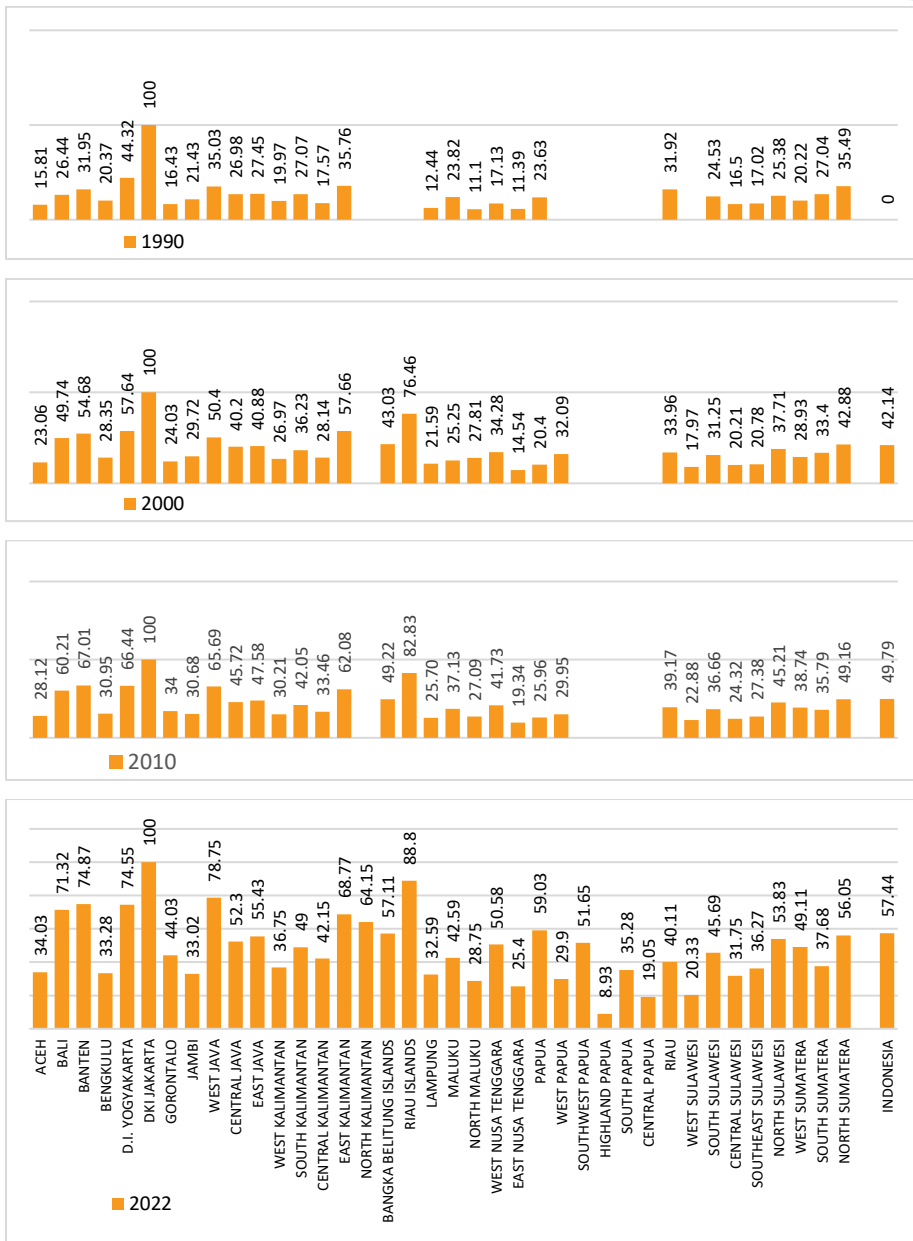
4. Urbanization

Urbanization is not only about the higher percentage of the population in urban areas. It is also related to the change from rural areas to urban areas as seen from physical infrastructure; lifestyle; life; and economic, social, and cultural activities. The rate of urbanization is the percentage of the population in urban areas as part of the total population. The Urbanization process is affected by three components, i.e., migration from rural areas to urban areas, natural population growth in urban areas, and change in classification from rural areas to urban areas. BPS categorizes

administrative areas equivalent to village or urban villages into two categories of settlement, urban area and rural area, based on three determining variables, i.e., population density, economic reliance on agriculture, and access to facilities.

Figure 6.14 shows the changing rate of urbanization in all provinces of Indonesia from 1990 to 2022. The rate of urbanization in Indonesia continued rising after the rapid development at the national level in 1990. It increased rapidly due to the high proportion of migration from rural areas to urban areas. In 2000, Indonesia's urbanization rate stood at 42.14%. Ten years later, it rose to 49.79%. During the globalization era, particularly in 2022, the percentage of urbanization was 57.44% of Indonesia's total population.

In 2022, several provinces had a rate of urbanization below 30% (Figure 6.14), i.e., Highland Papua (8.93%), Central Papua (19.05%), West Sulawesi (20.33%), East Nusa Tenggara (25.40%), North Maluku (28.75%), and West Papua (8.93%). The rates of urbanization among provinces in Indonesia varied where DKI Jakarta (100%), Riau Islands (88.80%), West Java (78.75%), Banten (74.87%), and the Special Region of Yogyakarta (74.55%) had the highest proportions.



Source: SP 1990; SP2000; SP2010; Susenas 2022

Figure 6.14 Provincial Urbanization Rates 1990-2022

The rate of urbanization is affected by migration from rural areas to urban areas, natural population growth in urban areas, and reclassification from

rural areas to urban areas. However, migration from rural areas to urban areas is predicted to be the main contributor, particularly in areas with low rates of urbanization. In 2045, most of Indonesia's population are projected to live in urban areas with good infrastructure and developed economy. Areas surrounding major cities are also likely to experience rapid development or mega-urbanization (Ananta, 2020). Mega-urbanization has occurred in Jabodetabekjur (Jakarta, Bogor, Depok, Tangerang, Bekasi, and Cianjur).

As a result, urban areas will contribute more greatly to national development, accelerating the growth of trained labor and positive externality from industrial agglomeration in urban areas. In general, migration from rural areas to urban areas should also take into account the welfare level, quality of life, and carrying and holding capacity of the environment. Urban area management should provide basic services for the population, such as health services, education, clean and healthy social environment, access to clean water, decent sanitation, waste management, open space for sports, and other service infrastructure. In 2045, about 90% of the Java's population will live in urban areas. Therefore, Java Island and DKI Jakarta will need more carrying and holding capacity; for this reason, the capital city of Indonesia is moved to another island (Ministry of PPN and Bappenas, 2019).

Migration from rural to urban areas can have an impact on agriculture in rural areas. As the young population rapidly move from rural to urban areas, many elderly people in rural areas live alone. Young people are less interested in agriculture in rural areas. As a result, there is a worry about a potential food crisis in Indonesia if the productivity of agricultural products cannot be increased significantly. Now, the food production level

in the agricultural industry is low because most of the farmers are old, are not highly skilled in farming, and are not well educated.

Furthermore, rapid urbanization leads to less investment for development in rural areas as more investors are more interested in infrastructure projects in urban areas. However, the road and transportation system is one of the vital infrastructure to support economy in rural areas. Farmers need better transportation and road infrastructure to sell their agricultural products beyond their rural areas.

For the vision of the Golden Indonesia 2045, the Indonesian government planned to relocate the capital city (IKN) to East Kalimantan, starting from the mid-2024, when government offices and state civil apparatus and their family were moved to reduce Java's high population density. The IKN project is undertaken to transform the demography from Javacentric to Indonesiacentric to have a positive impact on the distribution of population density and stimulate economic growth in Kalimantan. Developing new urban areas will lead to more continuous urbanization and contribute to environment programs to solve the impact of climate change by reducing carbon emissions, i.e., using eco-friendly and low-carbon technology.



POPULATION ADMINISTRATION

CHAPTER VII

POPULATION ADMINISTRATION

Population administration is a series of activities to manage and control the issuance of population documents and data through population registration, civil registration, management of population administration information, and utilization of the results for public services and development of other sectors. The main objective of organizing population administration is to provide identity validity and legal certainty in every population event experienced by residents as state recognition of individual identity and life attributes. With recognition through population registration documents, the government can carry out its role in providing effective public services to the community.

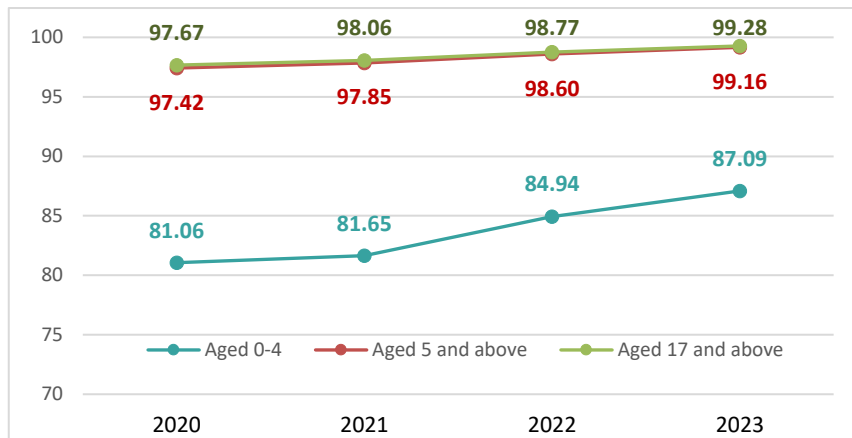
Accurate and up-to-date population administration data makes it easier for the government to make policies, prepare plans, and allocate appropriate resources according to the needs of the population. As such, every resident has access to their rights, such as health, education, social, political, and other rights.

1. Population Administration Coverage

a. Personal Identity Number (PIN) Ownership Coverage

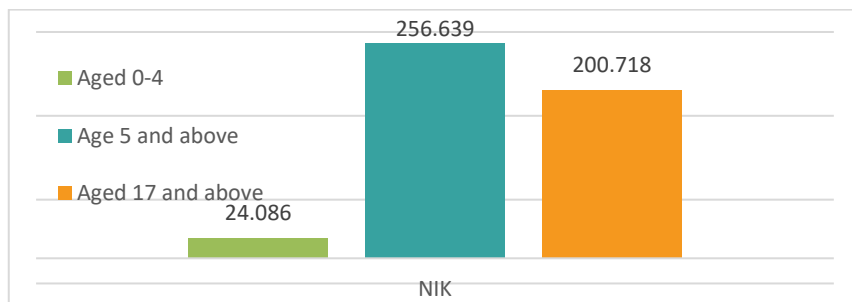
The coverage of PIN ownership in 2023 increased compared to 2022. In 2023, PIN ownership among the population aged 0–4 years was 87.09%, aged 5 years and over was 99.16%, and aged 17 years and over was 99.28% (Figure 7.1). These data show that PIN coverage for those aged five years and over and 17 years and over was the entire population of these ages, with coverage of 200 million people aged 17 years and over and 256 million people aged five years and over (Figure

7.2). Meanwhile, coverage for those aged 0–4 years was still relatively low, which means there was a delay in PIN ownership among the Indonesian population.



Source: Susenas 2020-2023

Figure 7.1 Percentage of Population Aged 0–4, 5 and Over, and 17 and Over with PIN 2020–2023

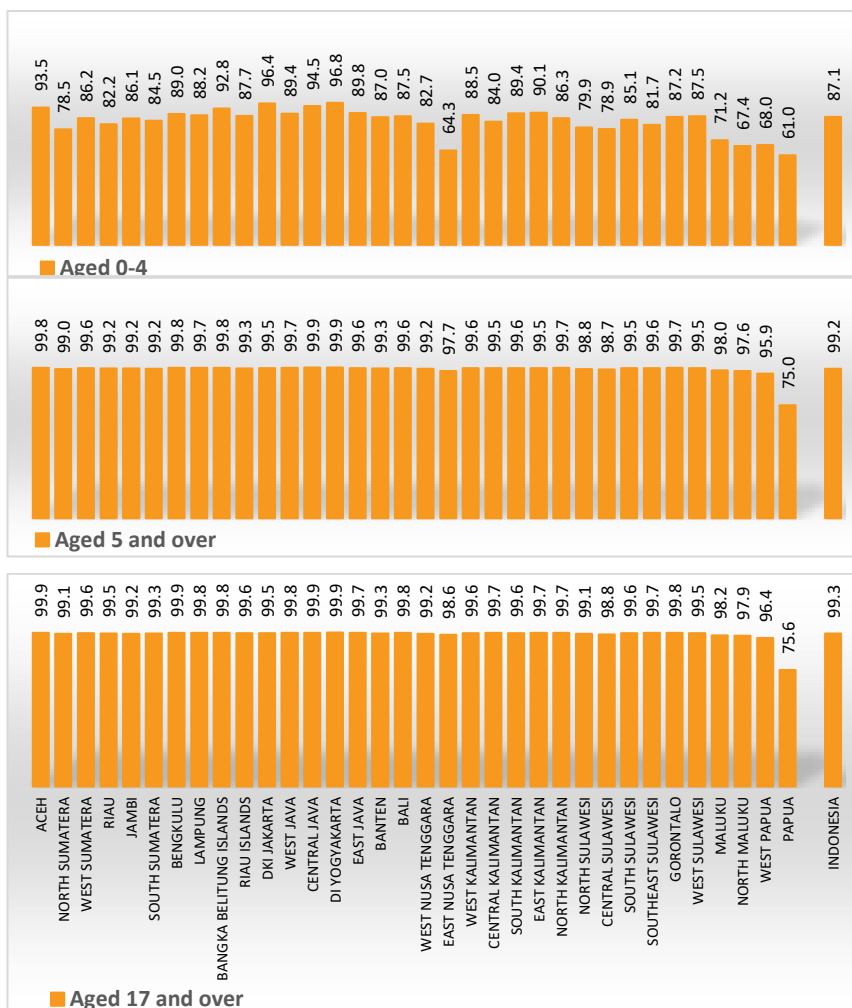


Source: <https://stranasakpsh.bappenas.go.id>

Figure 7.2 Number of Population with PIN 2023 (Million People)

By province, PIN coverage of the population aged 5 years and over and 17 years and over was quite good except in Papua (Figure 7.3). Meanwhile, for the population aged 0–4 years, there were still several

provinces with achievements of less than 80%, namely Papua, East Nusa Tenggara, North Maluku, West Papua, Maluku, North Sumatra, North Sulawesi, and Central Sulawesi.

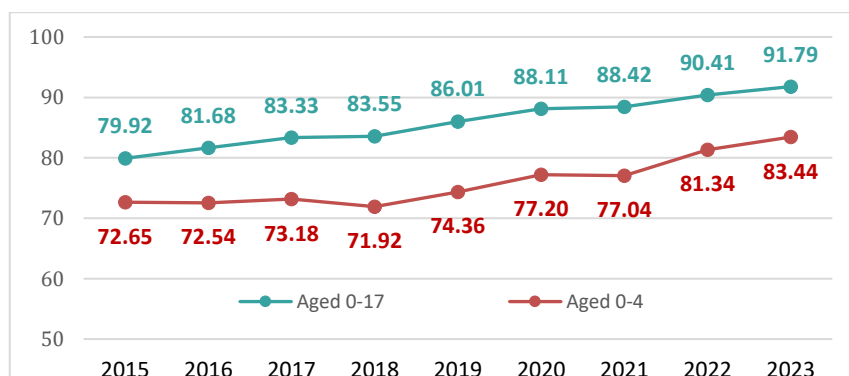


Source: Susenas 2023

**Figure 7.3 Population Aged 0–4, 5 and Over,
and 17 and Over with PIN by Province**

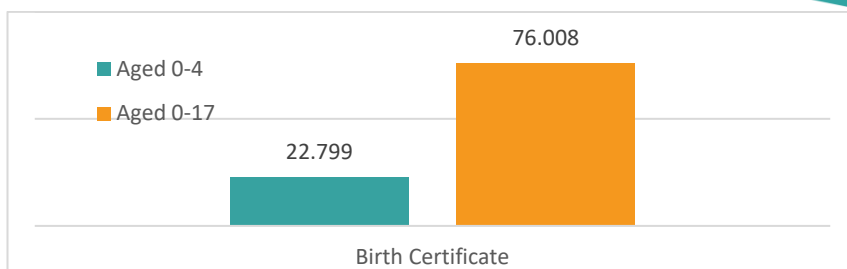
b. Birth Certificate Ownership Coverage

Figure 7.4 shows the increase in coverage of birth certificate ownership over time. In 2023, the coverage of birth certificate ownership among the population aged 0–4 years was 83.44% (22.8 million people) while the population aged 0–17 years who had birth certificates was 91.79% (76 million people). Although the coverage of birth certificate ownership among children aged 0–17 years was quite high, there were still quite a number of children born without immediately having a birth certificate.



Source: Susenas 2015-2023

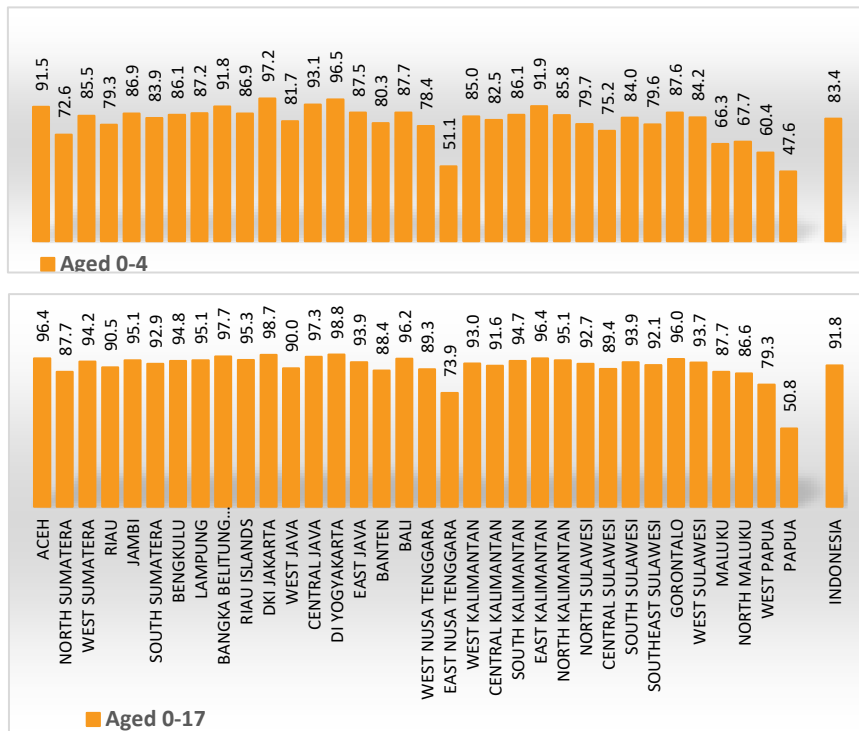
Figure 7.4 Percentage of Population Aged 0–4 and 0–17 With Birth Certificates 2015–2023



Source: <https://stranasakpsh.bappenas.go.id>

Figure 7.5 Number of Population Aged 0–4 and 0–17 With Birth Certificates 2023 (Million People)

By province, the coverage of birth certificate ownership among the population aged 0–17 years was quite good except in Papua, East Nusa Tenggara, and West Papua (Figure 7.6). Meanwhile, for the population aged 0–4 years, there were still several provinces with achievements of less than 80%, namely Papua, East Nusa Tenggara, North Maluku, West Papua, Maluku, North Sumatra, Central Sulawesi, West Nusa Tenggara, Riau, North Sulawesi, and Southeast Sulawesi.



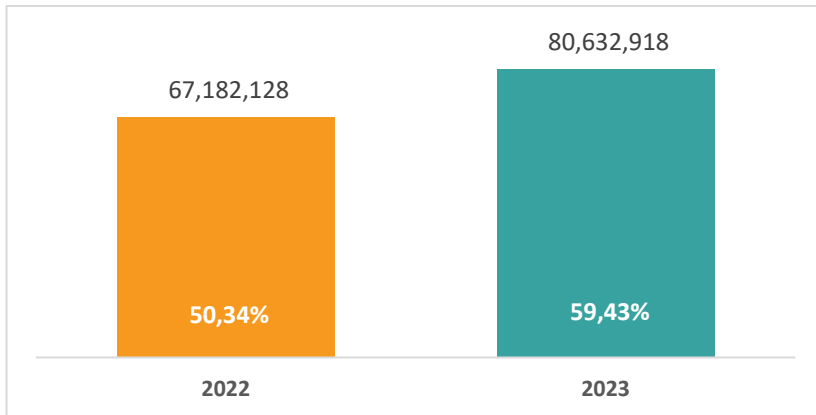
Source: Susenas 2023

Figure 7.6 Percentage of Population Aged 0–4 and 0–17 With Birth Certificates by Province

c. Marriage Book and Marriage Certificate Ownership Coverage for All Married Couples

According to data from the Directorate General of Population and Civil Registration Ministry of Home Affairs, the coverage of marriage book and marriage certificate ownership among all married couples was 59.4%, an increase of 9.9% from 2022. It shows that out of 135,679,046 married couples, only 80,632,918 had marriage certificates. The remaining 55,046,128 (40.6%) married couples did not yet have a marriage certificate. The figure is only the number of married couples

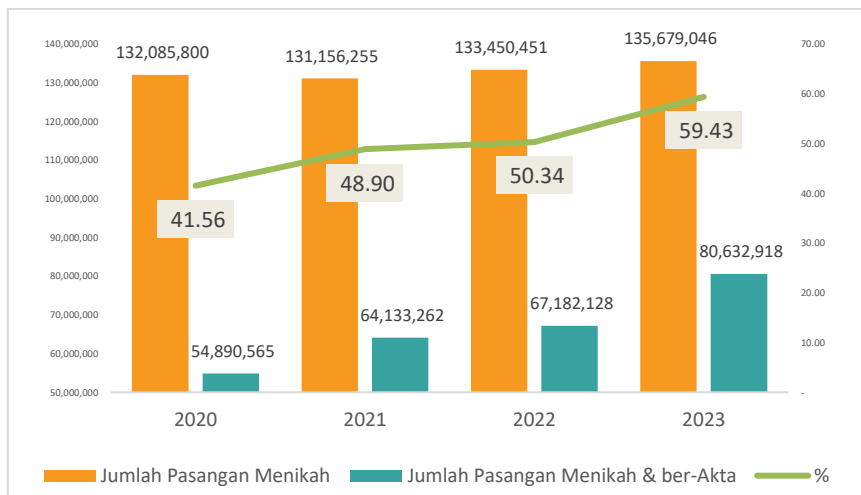
based on data sources from the Ministry of Religious Affairs (Marriage Management Information System/Simkah and manual registration at Religious Affairs Offices).



Source: <https://gis.dukcapil.kemendagri.go.id>

Figure 7.7 Percentage of Marriage Book and Marriage Certificate Ownership in 2022 and 2023

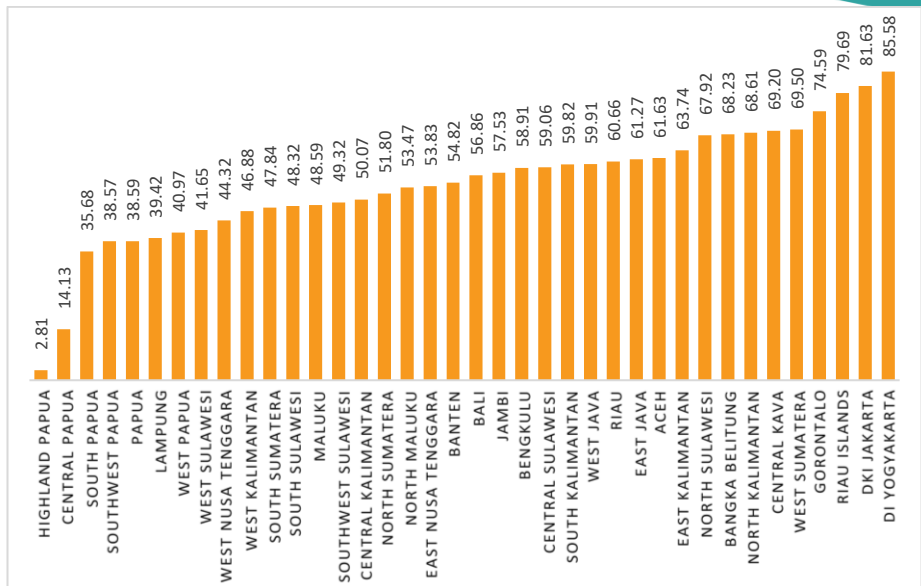
The trend in the number of married couples with marriage certificates continued to increase significantly even though the data only comes from one source of marriage certificate registration services at the Ministry of Religion. In 2020, only 41.56% of married couples had certificate. The rate increased to 48.90% in 2021, then to 50.34% in 2022, and 59.43% in 2023. Despite the favorable trend, breakthroughs are still needed in marriage registration services so that all couples have marriage certificates.



Source: <https://stranasakpsh.bappenas.go.id/capaian>

Figure 7.8 Trends in Marriage Book and Marriage Certificate Ownership Coverage for All Married Couples 2020–2023

The coverage rates of marriage book and marriage certificate ownership among all married couples by province shown in Figure 7.9 below shows that the Special Region of Yogyakarta had the highest coverage of marriage certificate ownership at 85.58%, followed by the Special Capital Region of Jakarta (81.63%), Riau Islands (79.69%), Gorontalo (74.59%), and West Sumatra (69.5%). Meanwhile, the provinces with the lowest coverage of ownership of marriage certification and marriage books were predominantly in the Papua region.

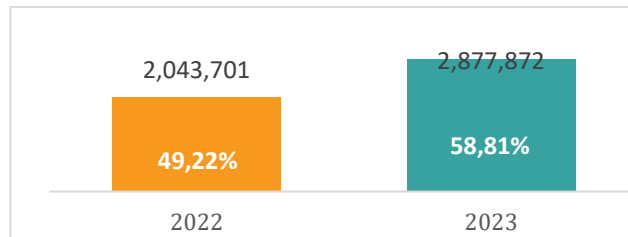


Source: <https://gis.dukcapil.kemendagri.go.id>

Figure 7.9 Percentage of Marriage Book and Marriage Certificate Ownership by Province

d. Divorce Certificate

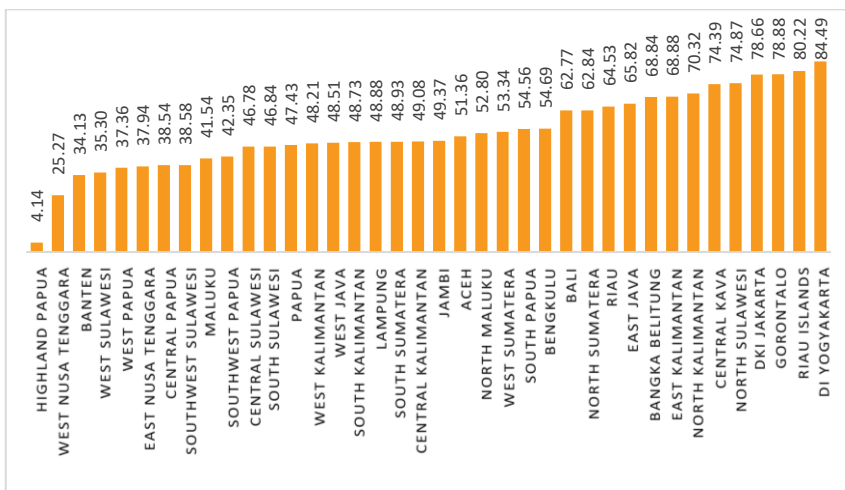
Based on the achievements of the National Strategy for the Acceleration of Strengthening Civil Registration and Vital Statistics (Stranas AKPSH) according to resources from the Supreme Court, the coverage of divorce certificate ownership among all divorced individuals in 2023 was 58.81% or 2,877,872 out of 4,893,381 divorced residents. That's a 17% increase from 49.2% in 2022.



Source: <https://gis.dukcapil.kemendagri.go.id>

Figure 7.10 Percentage of Divorce Book/Certificate Ownership

Similar to the coverage rate of marriage certificate ownership, the Special Region of Yogyakarta also had the highest coverage rate of divorce certificate ownership at 84.49%, as shown in Figure 7.11, followed by Riau Islands (80.22%), Gorontalo (78.88%), the Special Capital Region of Jakarta (78.66%), and North Sulawesi (74.87%). Meanwhile, the province with the highest coverage of divorce certificate ownership was Highland Papua.



Source: <https://gis.dukcapil.kemendagri.go.id>

Figure 7.11 Percentage of Divorce Certificate Ownership Coverage by Province 2023

e. Death Certificate Ownership Coverage

The coverage of death certificate ownership for all death events throughout 2023 was 1,038,219 people. Of the million recorded events, there were six leading causes of death in Indonesia that were registered with the civil registry. The most common causes of death were common illness/old age at 90.5% (940,472 deaths), unidentified causes of death at 8.24% (85,527 deaths), accidents at 0.62% (6,465 deaths), disease outbreaks/pandemics at 0.52% (5,369 deaths), crime at 0.02% (205 deaths), and suicide at 0.02% (181 deaths), respectively.

Source: <https://gis.dukcapil.kemendagri.go.id>

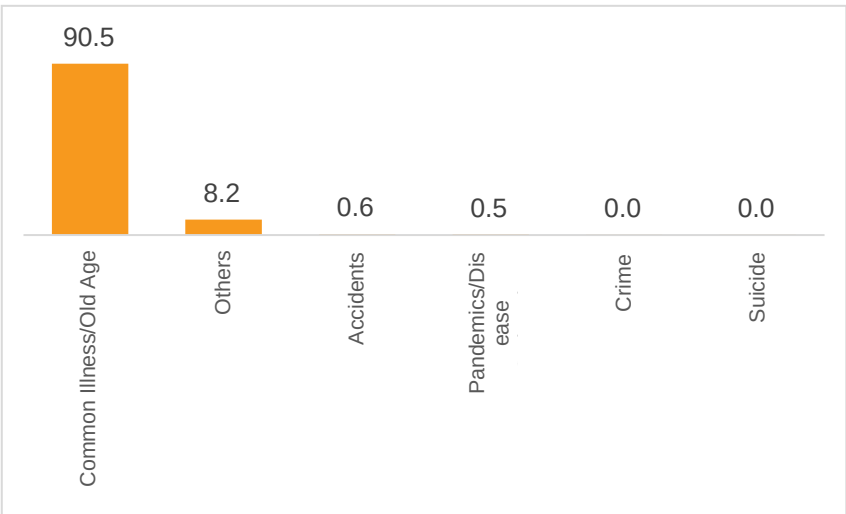


Figure 7.12 Leading Causes of Death in Indonesia

Based on the population administration data above, in general there was an increase in the quantity of population administration coverage. However, the recording of population events related to the coverage of birth certificates, death certificates, changes in marital status, and updating domicile information still requires great effort in order to reach the expected ideal rates. This is due to the reporting-based

nature of population registration, where the community is expected to take the initiative to independently report population events experienced. Various proactive efforts have been made, such as visiting vulnerable groups and mobilizing and empowering the community to support population administration services. Efforts that have been made include mobilizing the community to support population administration services in Quality Family Villages nationwide, mobilizing the community in an integrated manner with the health sector (hospitals, community health centers, and midwives in villages/wards) and the education sector, and preparing a single application for population registration services in the future.

2. Population Administration Structuring

Presidential Regulation Number 153 of 2014 concerning the Grand Design of Population Development mandates the structuring of population administration as one of the pillars of population development in order to leverage improvements in population quality. The population administration structuring activities include structuring the population database and structuring the issuance of population documents, the implementation of which is guided by Law Number 24 of 2013 concerning Amendment to Law Number 23 of 2006 concerning Population Administration. This Law was enacted in order to improve Population Administration services in line with the demands of Population Administration services that are professional, meeting information technology standards, dynamic, orderly, and non-discriminatory in

achieving minimum service standards towards comprehensive excellent services to overcome population problems.

Apart from the Population Administration Law Number 24 of 2013, other efforts made by the Indonesian government in order to realize the structuring of population administration include:

- a. The Indonesian government's statement of commitment in the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific as outlined in Presidential Regulation Number 62 of 2019 concerning the National Strategy for the Acceleration of Strengthening Civil Registration and Vital Statistics (Stranas AKPSH). Stranas AKPSH contains policy directions, targets, activities, and implementation timeframes in order to realize the acceleration of population registration and civil registration as well as the development of vital statistics. The national strategy contains nine targets for achieving ownership of population data and documents with a target of achieving 100% of the population having population documents by 2024. Observing the current trend in population data and document ownership coverage, some targets may not be achieved by 2024, such as the target of coverage of marriage book and marriage certificate ownership among married couples.
- b. One of the breakthroughs made was the implementation of a Centralized Population Administration Information System (*SIAK Terpusat*). *SIAK Terpusat* is a digitization system that aims to enable population document services to be centrally connected online. This system is more efficient in terms of cybersecurity and can provide population administration services more quickly. This policy has been supported by Law Number 27 of 2022 concerning Personal Data

Protection as an effort to ensure the privacy and security of data inputted into the population administration information system to prevent data theft, misuse, and leakage.

Some of the issues that remain an outstanding task in structuring population administration are as follows:

a. Synchronization and integration of actual, sustainable, and accurate population data

Synchronization and integration of actual, sustainable, and accurate population data is closely related to the governance of population administration for the development of vital statistics and the implementation of *SIAK Terpusat*. The governance relates to, among other things, the distribution of authority to agencies considering that many agencies are involved in data collection, processing, and utilization. With the implementation of *SIAK Terpusat*, the division of roles among the Population and Civil Registration Offices at the regency/city and provincial levels and the Ministry of Home Affairs at the central level must be clear, the division of domains and joint formulation must be agreed upon which agencies/parties can access population data, what information can be accessed, and what the positions, relationship rights, and obligations are among the related parties.

b. Readiness of infrastructure and digital ecosystem in structuring population administration

The readiness of digital infrastructure and ecosystem in structuring population administration in Indonesia is still limited and depends on the readiness of infrastructure and the capacity of officials and the

community in the application of digital technology. The application of technology includes inputting, processing, presenting, and using data. According to the Indonesian Internet Service Providers Association (APJII), the domestic internet penetration rate in 2023 reached 78.19%, with the penetration rate in urban areas reaching 87.55% and in rural areas lower at 79.79%. Based on the data and information above, accelerating the coverage of population document ownership in regions, especially those with low coverage in the outermost, foremost, and disadvantaged areas, remains a formidable outstanding task. In addition to challenges in terms of geography, terrain, security, and public awareness to register population events, Indonesia still needs to build and develop technology and human resource capacity in those areas.

c. Increased coverage of death, marriage, divorce, adoption and, migration registration

Compared to the registration of PIN, resident identity card, birth certificate, and family cards, special strategies are needed to increase the coverage of registration of death, marriage, divorce, adoption, and migration documents. This is because these documents are not required to obtain public services. In fact, these documents are an important part of providing public services and development planning in various sectors.



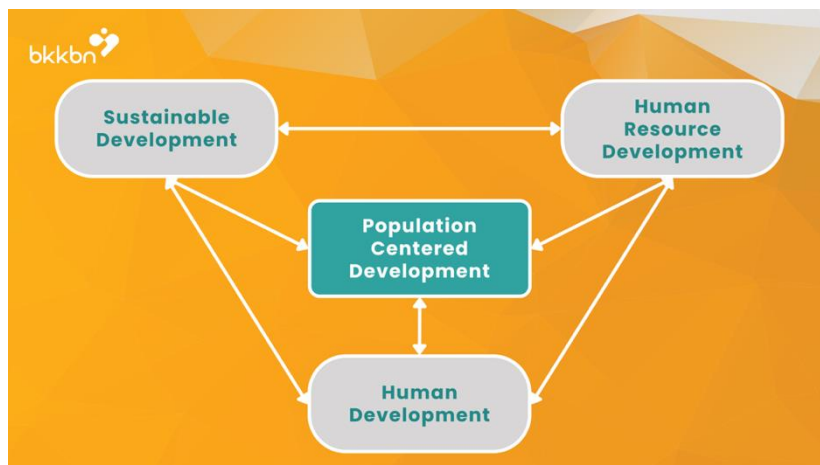
POPULATION-BASED DEVELOPMENT

CHAPTER VIII

POPULATION BASED DEVELOPMENT

In the context of development in Indonesia, population-based development is mandated by Law Number 52 of 2009 on Population Development and Family Development. The law mandates making population a central point of development and integrating population policies into various development areas, especially social, economic, and environmental.

The Population-Based Development developed by BKKBN since 2011 is based on three development concepts, namely sustainable development, human resource development, and human development. As illustrated in Figure 8.1 below, there is a reciprocal and integral relationship among the four development concepts. Population-based development is positioned as the center of the development process and is a prerequisite for achieving human development.



Source: Sukamdi, et al. 2014

Figure 8.1 Conceptual Framework for Population-Based Development

Population-based development (PBK) is a development paradigm that places the population at the center of the development process. PBK is a strategy to support the acceleration of improving the quality of Indonesian people. The existence and spirit of realizing PBK needs serious attention from the central government and local governments, both at the provincial and regency/city levels, because it has a correlation with current development goals. The population-responsive and population-influencing principles contained in population-based development are able to describe the challenges of population development in Indonesia, as well as provide appropriate input to determine the direction of population development policies and strategies in the future.

Development policies and processes in various fields need to be integrated with various population variables in a sustainable manner. This is important because improving the welfare of the population through the development process will be difficult to achieve without paying attention to the population situation as a basic assumption and the main foundation for development. Simply put, population-based development can be interpreted as human resource development. In this case, development emphasizes improving the quality of human resources rather than infrastructure development. Thus, the core of national development becomes the same as Indonesian human development.

To understand the conditions of population-based development in each region in Indonesia at the national, provincial, and regency/city levels, a measuring tool has been developed in the form of the Population-Based Development Index (IPBK). The use of IPBK in regional development planning and implementation is part of an effort to improve the implementation of

integration and synchronization of population control development policies at the central, provincial, and regency/city levels.

Meanwhile, the current population conditions are no longer centered on the population quantity dimension, but extend to various other population dimensions. Each region has different population problems and potentials, according to their respective demographic characteristics and development dynamics. For this reason, public awareness to participate and provide support for the implementation of population-based development is expected to continue to increase. This is important to accelerate the achievement of improved quality of life and public welfare.

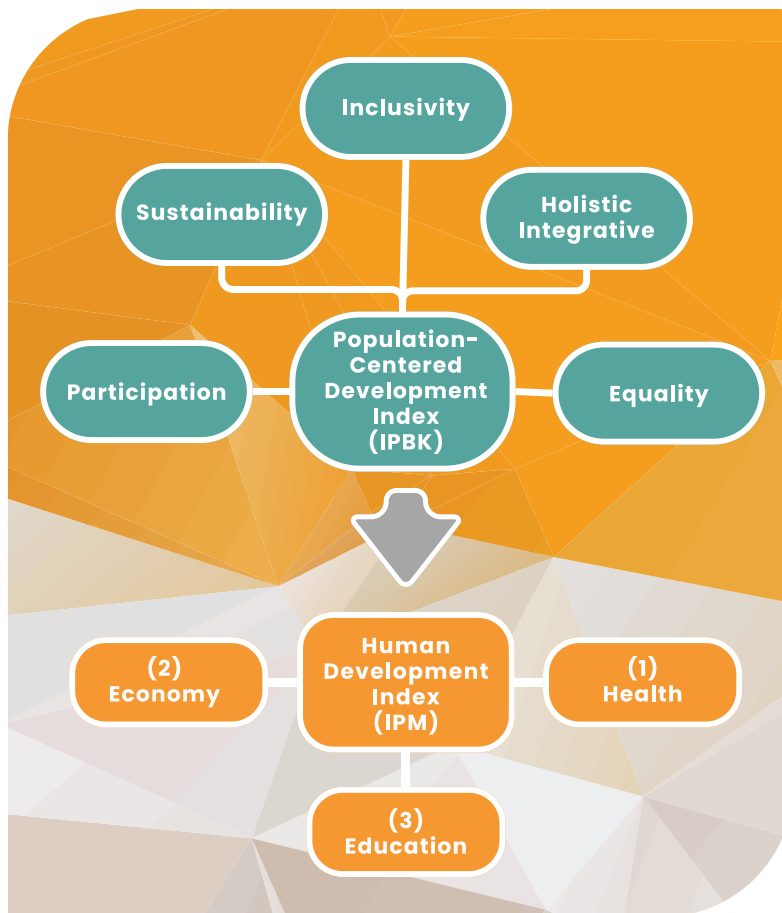
To increase public knowledge, understanding, and awareness of population conditions and the reciprocal relationship between population development and all aspects of life so that rational and responsible attitudes and behavior towards population issues grow, population education is carried out. It is expected that by having correct population knowledge, the community will have attitudes and behaviors that support population control programs and efforts to improve the quality of the population in the future. To measure its success, an Index of Concern for Population Issues (IKIK) has been developed. The achievement of the IKIK value can be used as material for program evaluation through mapping conditions in each region in Indonesia, both at the provincial and regency/city levels.

1. Population-Based Development Index (IPBK)

IPBK is a composite index that represents the dimensions of population-based development, including the Participation Dimension, Sustainability Dimension, Inclusiveness Dimension, Holistic Integrative Dimension, and

Equality Dimension. It is a measuring tool used to understand the conditions of population-based development in an area at the national, provincial, or regency/city level.

Developed by BKKBN since 2011, the conceptual framework and methodology of IPBK were developed in 2022. To maintain the sustainability of IPBK and adapt to global population development trends, the IPBK conceptual framework is elaborated from the Human Development Index (HDI) and has linkaged with the achievements of the Sustainable Development Goals (SDGs). The conceptual framework shows that population-based development will contribute to improving human development. Human development itself emphasizes three important aspects, namely health, education, and economy. As a consequence, conceptually, the various dimensions and indicators of IPBK should reflect health, education, and economic development processes. The conceptual framework for the formation of IPBK, which is an elaboration of HDI, is illustrated in Figure 8.2 below. The number of dimensions forming IPBK is maintained at five dimensions. However, two of the five dimensions of IPBK have been revised. The two revised dimensions are the Partisanship Dimension and the Integration Dimension, so that the five dimensions forming IPBK become Participation, Sustainability, Inclusiveness, Holistic Integrative, and Equality (Alimoeso, 2022, in BKKBN, 2023).

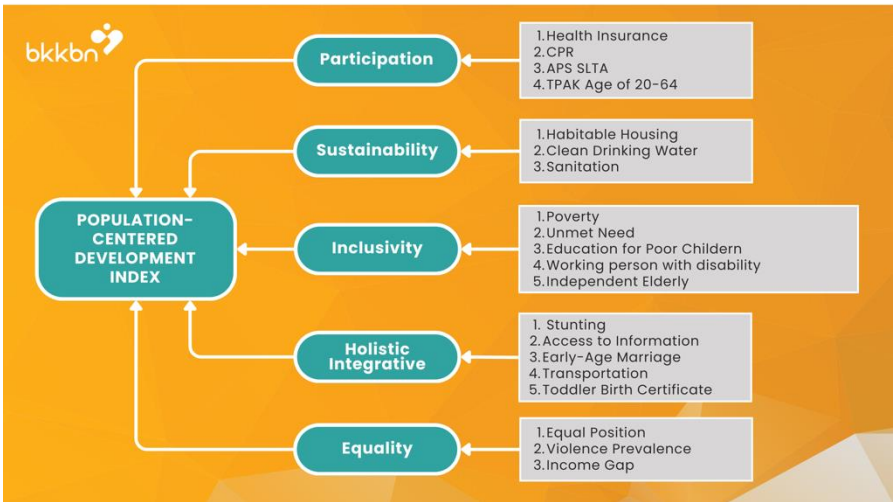


Source: BKKBN, 2023. Population-Based Development Index 2023

Figure 8.2 Population-Based Development Framework

In terms of methodology, several changes were made to form IPBK. The changes include the number of indicators, which was reduced from 33 to 20 indicators; the minimum and maximum values used in standardizing indicator values; the formula for calculating the composite index of each dimension; the formula for calculating the IPBK composite index using the geometric mean; and the use of data according to regional levels, namely national, provincial, and regency/city. The conceptual framework for the

formation or operational framework of IPBK is illustrated in Figure 8.3 below.



Source: BKKBN, 2023. *Population-Based Development Index 2023*

Figure 8.3 Conceptual Framework for IPBK Formation

Meanwhile, to facilitate stakeholders in making efforts to improve IPBK achievements in the future, the status of Population-Based Development (PBK status) is classified. The classification was carried out by population experts by applying the mean and standard deviation approach for each dimension forming IPBK. PBK status according to the range of achieved IPBK values is classified into five statuses, namely low, lower middle, upper middle, high, and very high. The full classification of PBK status is presented in Table 8.1 below.

Table 8.1 Classification of PBK Status

IPBK Value Range	Status	Rating
> 80	Very High	5
69 - 80	High	4
60 - 68	Upper Middle	3
50 - 59	Lower Middle	2
< 50	Low	1

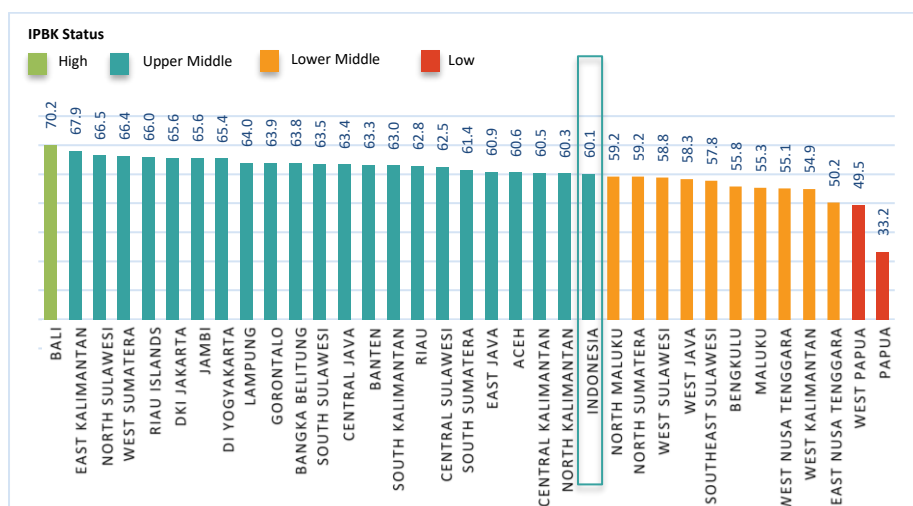
Source: BKKBN, 2023. *Population-Based Development Index 2023*.

The development of IPBK was followed by a trial of IPBK calculation in 2022 with new concepts and methods at the national, provincial, and regency/city levels. The result of the trial calculation of the new concept and method of IPBK at the national level was 58.6. In addition, the correlation between the trial IPBK result in 2022 and the Human Development Index (HDI) was analyzed. The result is that the IPBK in 2022 has a positive correlation with the HDI in 2021. This means that if IPBK achievements increase, HDI achievements also tend to increase.

The calculation of IPBK in 2023 was carried out using secondary data. As many as 19 out of 20 IPBK indicators use data from the Central Statistics Agency (BPS), namely the National Socio-Economic Survey (Susenas) March 2022 Kor, the National Labor Force Survey (Sakernas) August 2022, the Village Potential (Podes) 2021, and publications. Specifically, for Podes, Podes 2021 was used because Podes was not conducted in 2022. Only one indicator was sourced from data from the Ministry of Health, namely the Indonesian Nutritional Status Survey (SSGI) 2022.

The result of the national IPBK calculation in 2023, which was conducted using new concepts and methods, was 60.1 on a scale of 0–100. This exceeds the target set for 2023 of 59. With a value of 60.1, Indonesia's PBK

status in 2023 falls into the upper middle category (IPBK value 60–68). The national IPBK value is not an aggregate of IPBK values at the provincial level. This is because the results of the national IPBK calculation were obtained from national-level IPBK indicator data.



Source: Data Calculation IPBK 2023

Figure 8.4 IPBK Values by Province 2023

Figure 8.4 above shows that the IPBK values and the PBK status at the provincial level in 2023 still varied. The province with the highest IPBK value was Bali (70.2). In contrast, Papua was the province with the lowest IPBK value (33.2). Bali was the only province to achieve high PBK status. The majority of provinces achieved upper-middle status. However, there were still two provinces with low PBK status, namely West Papua and Papua. The IPBK status along with the PBK status by province in 2023 can be seen in full Figure 8.4.

As mentioned above, the new IPBK is a composite index that are considered to represent the dimensions of population-based development, namely the Participation Dimension, Sustainability

Dimension, Inclusiveness Dimension, Holistic Integrative Dimension, and Equality Dimension. Taking into account the five dimensions that form IPBK, the national IPBK achievements in 2023 by dimension can be seen in Figure 8.5 below.



Source: BKKBN, 2023. *Population-Based Development Index 2023*.

Figure 8.5 Index Values of 5 Dimensions Forming IPBK 2023

Ranked from highest to lowest, the index values of the five dimensions that made up the new IPBK in 2023 were Participation Index (70.7), Sustainability Index (69.6), Equality Index (62.9), Holistic Integrative Index (51.4), and Inclusiveness Index (49.3), respectively. Thus, the dimension with the highest index value is Participation (70.7) while the lowest is Inclusiveness (49.3).

The high Participation Index (70.7) can illustrate that the population's involvement in the development process was relatively good. On the other hand, the low value of the Inclusiveness Index (49.3) may indicate that inclusive population development planning was still far from expectations.

This means that community involvement in development was still partial and reactive only to regional and individual conditions. As a result, the needs of the poor and vulnerable were neglected. The poor inclusive planning in the population-based development process can be attributed to the low awareness and attention to the needs of the poor and vulnerable groups.

The high achievement of the Sustainability Index (69.6) is thought to indicate that the markers of sustainability in the form of fulfillment of the basic needs of the population in the form of decent housing, clean drinking water sources, and proper sanitation were good. However, this should not be an excuse to stop seeking to fulfill the population's right to basic needs. Efforts still need to be made so that the basic needs of the entire population can be met. The achievement of the Equality Index (62.9) was quite good. However, serious efforts are still needed to overcome various socio-cultural barriers to women's empowerment. The low percentage of women occupying managerial positions may indicate the importance of the government's role in efforts to increase the role of women in various sectors.

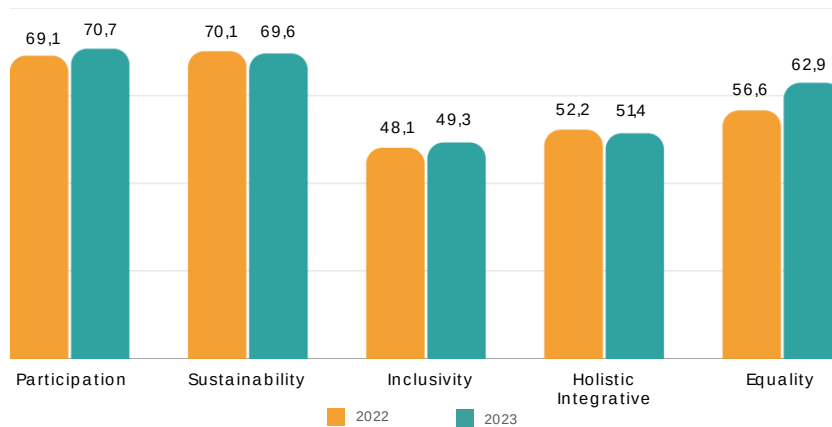
In addition, special efforts are needed to address the prevalence of violence and income inequality. These issues are often overlooked, even considered normal.

The low Holistic Integrative Index (51.4) reflects that the achievement of development quality to support community life in the form of handling issues of stunting prevalence, early marriage, access to information, birth registration of children under five, and public transportation has not been as expected.

The five dimensions of the IPBK index are equally important because philosophically the index is composed of its dimensions or pillars. The dimensions that constitute IPBK must grow together—no dimension should be left behind or ignored in population-based development. Therefore, efforts are needed to improve the dimensions of population-based development that are still low.

Compared to the IPBK achievements in 2022, Indonesia's IPBK value and PBK status in 2023 both increased. This comparison is based on the results of calculating IPBK using the new concepts and methods. The IPBK value increased from 58.6 in 2022 to 60.1 in 2023. The PBK status also improved from lower middle in 2022 to upper middle in 2023.

The increase in the national IPBK value and PBK status from 2022 to 2023 is attributed to, in general, increased achievements in the indicators that constitute IPBK which also leverage achievements in each of the dimensions that make up IPBK. As can be seen in Figure 8.6 below, between IPBK 2022 and 2023, three of the five dimensions forming IPBK improved. Such improvements then, in turn, leveraged the national IPBK value in 2023.



Source: Results of the IPBK Calculation in 2022 and 2023

Figure 8. 6 Figure 8.6 IPBK in 2022 Versus 2023 by Dimension

In order to disseminate information about IPBK, it is necessary to disseminate information about PBK and its measuring tool IPBK to stakeholders. IPBK is a measuring tool to understand the conditions of population-based development in each region in Indonesia at the national, provincial, and regency/city levels. It is a strategic step in human quality development interventions because it has a high positive correlation with HDI so that it can be used as a lever for human development achievements—if IPBK increases, the HDI will tend to increase. The IPBK conceptual framework is an elaboration of HDI so that the central government and regional governments have more detailed indicators to measure in order to improve HDI.

Meanwhile, in order to utilize IPBK in policy formulation and regional development planning, it is necessary to advocate IPBK to stakeholders. IPBK is part of an effort to improve the implementation of integration and synchronization of population control development policies at the central, provincial, and regency/city levels. The results of the IPBK calculation can

be used as a reference for the preparation of policy analysis and recommendations as well as advocacy material to relevant stakeholders in order to encourage the development of more population-based development policies at all levels of government, including provincial and regency/city governments. The results of the IPBK calculation can be used by the central government, provincial governments, and regency/city governments to evaluate development outcomes by making necessary development corrections or interventions through the dimensions that form IPBK. The priority scale can be determined by identifying the weakest dimension. Furthermore, interventions can also be made on the indicators that constitute the relevant dimension, including identifying and analyzing indicators with low achievements, formulating policies and developing programs to address problems related to these indicators, and incorporating these policies and programs into regional development planning.

2. Index of Concern for Population Issues

Knowledge about population issues is a fundamental substance in assessing people's attitudes and behaviors towards population issues. Such knowledge will form the basis for understanding how people act and react to demographic changes and related issues. Therefore, it is important to improve public understanding of population issues through effective population education. By improving their knowledge about population issues, it is expected that people will develop more proactive attitudes and behaviors that support efforts to improve the overall quality of life of the population. This includes various aspects, such as awareness

of the importance of family planning, reproductive health, education, and economic empowerment, all of which contribute to creating a more prosperous and sustainable society in the future.

Since 2013, BKKBN has developed and calculated an index of knowledge about population issues, which was later refined into the Index of Concern for Population Issues (IKIK). IKIK is a composite index designed to measure the level of public knowledge, attitudes, and concern towards evolving population issues.

Based on a review of existing theories, current developments, guaranteed data availability, and linked to the role of BKKBN, there are 13 indicators grouped into four dimensions of population, namely the dimensions of quantity, quality, mobility, and environment (Figure 8.6). Most of the data used in calculating IKIK is sourced from Susenas data, one indicator is sourced from Sakernas data, and one indicator is sourced from BPS's periodic publication Statistics Indonesia.

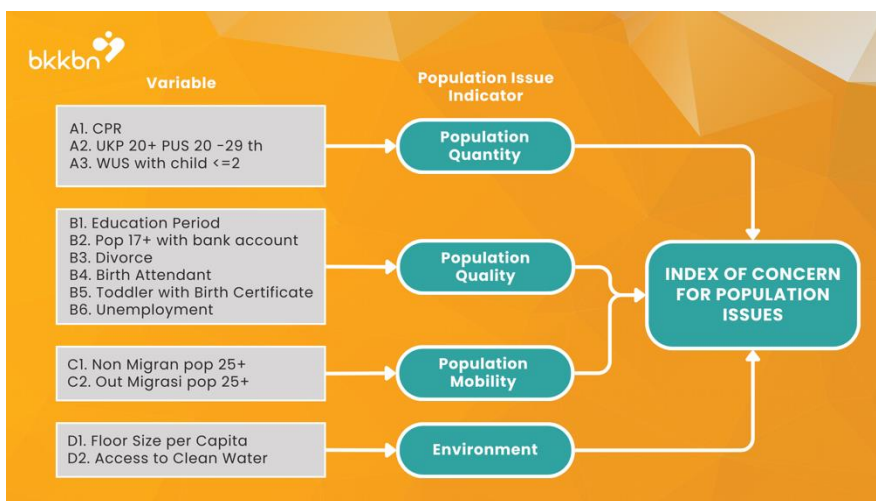


Figure 8.7 IKIK Conceptual Framework

The measured concern index value can be an important instrument in evaluating existing programs by analyzing the conditions of each region in Indonesia, both at the provincial and regency/city levels. By mapping the levels of concern, we can find patterns and variability in public attitudes and concerns towards population issues. The information obtained from the mapping will be a guideline for designing of programs that are more effective and appropriate to the needs of each region. This concern also highlight the importance of understanding that population issues can arise from a variety of factors, including people's attitudes, knowledge, and behaviors. Therefore, the strategies used to address behavioral issues will be different from those needed to address inappropriate knowledge or attitude issues. Thus, a more focused and tailored approach can be used to deal with the various population-related challenges in different parts of Indonesia.

Indonesia's IKIK value in 2023 was 53.46. This is an increase from the IKIK in 2022 of 53.16. The gradual economic improvement after the pandemic began to restore public confidence in economic recovery, looking at the 2022 IKIK calculated based on 2021 Susenas data. The global energy crisis due to the conflict in Europe, although affecting the world's economy including Indonesia, did not have a significant impact on people's economic life. According to the trend shown in Figure 8.7, IKIK has actually increased since 2019. This means that population issues are improving along with the development process that is being actively carried out in Indonesia. Attention is needed from the central government, regional governments, and related institutions so that IKIK values in the last five years become a basic reference in implementing population-related policies.

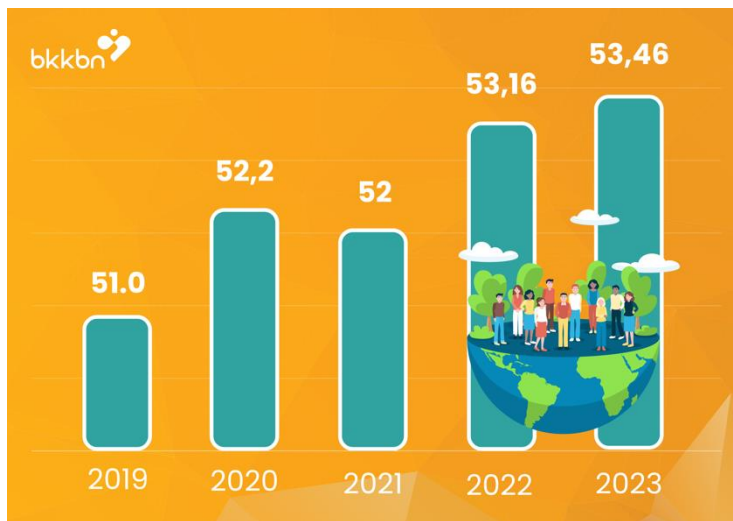
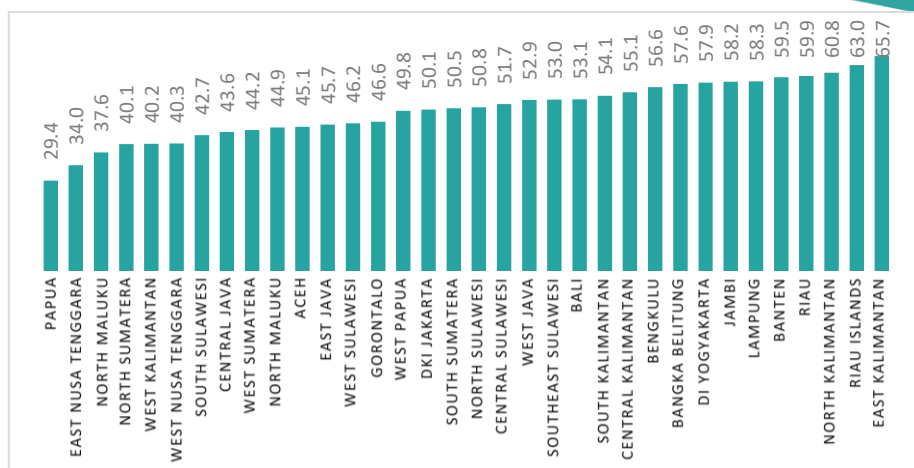


Figure 8.8 Trends in Index of Concern for Population Issues 2019-2023

At the provincial level, three provinces achieved index values above 60, namely East Kalimantan (65.7), Riau Islands (63.0), and North Kalimantan (60.8). On the other hand, three provinces recorded quite low IKIK values below 40. They were Papua (29.4), East Nusa Tenggara (34.0), and Maluku (37.6). The three provinces are located in the eastern part of Indonesia (Figure 8.8).



**Figure 8.9 Index of Concern for Population Issues
by Province 2023**

As the values of IKIK increased in 2023, the achievements of its dimensions also increased. The dimensions that improved were the Quality Dimension and the Mobility Dimension. The other two dimensions, namely the population Quantity Dimension and the Environment Dimension, slightly decreased. The population Quantity Dimension fell from 58.59 in 2022 to 58.16 in 2023. The Environment Dimension decreased from 56.06 in 2022 to 55.90 in 2023.

The decline in the population Quantity Dimension was due to a decrease in the achievement of two indicators, namely the percentage of couples of childbearing age 20–29 years who were married (Individual Health Efforts) at the age of 20 years and over and the percentage of women of childbearing age who have two or fewer living children. Meanwhile, the only indicator that increased in the population Quantity Dimension was the CPR. The COVID-19 pandemic which occurred during 2020–2021 had several impacts on population issues, such as accelerating marriage. Therefore, the percentage of women who married before the age of 2

increased. If they were 20 years old at the time of the survey, the percentage of couples of childbearing age who were married above the age of 20 would have decreased.

The decline in the Environment Dimension occurred because the average area per capita decreased compared to 2022. This was automatically linked to the indicator of the percentage of living children which continued to increase. An increase in the number of family members without a corresponding increase in floor area will result in a decrease in the average floor area per capita. Meanwhile, the indicator of access to clean water slightly increased. However, after being composited, the Environment Dimension still declined.



Figure 8.10 IKIK Dimension Values in 2022 and 2023

Figure 8.10 presents data on the population Quantity Dimension by province in 2023. The province that scored the highest on the population Quantity Dimension was the Special Region of Yogyakarta (72.6), with a significant difference from Central Java in second place (66.5). Bali, which was ranked second in 2022, dropped to third with a value of 62.8. The

province with the lowest value was Papua (25.0), followed by Maluku (30.1) and West Papua (32.4). Eight of the 34 provinces achieved higher than the national average on the Quantity Dimension, while seven provinces scored below 40. There was an increase in the value of the Quantity Dimension in a number of provinces compared to 2022, but the issues related to population quantity still require serious attention and improvement efforts, especially in provinces with low values, the majority of which are in the eastern part of Indonesia.

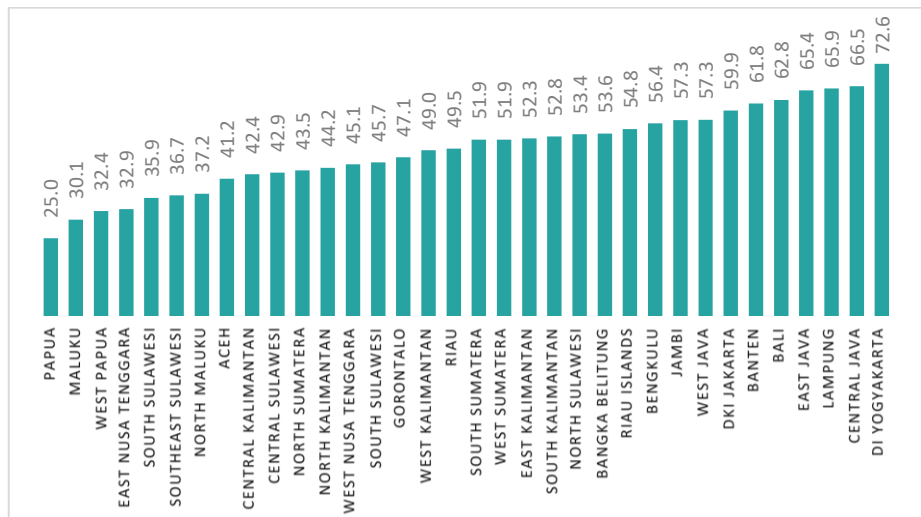


Figure 8.11 Quantity Dimension Values by Province 2023

Figure 8.11 shows the population Quality Dimension values at the provincial level. The Special Region of Yogyakarta maintained its position as the province with the highest score (66.2), the same achievement as in 2022 when it ranked first. Unlike the previous year, the Special Capital Region of Jakarta moved up to second place with a score of 61.9, replacing Bali which was previously in second place. North Kalimantan ranked third with a score of 61.9. On the other hand, Papua had the lowest value of

38.6, followed by Maluku (44.3) and Banten (45.7). The low Quality Dimension values in these two provinces were due to different population problems. In Papua, the problem was low average years of schooling and low birth certificate ownership among children under five. Meanwhile, the problem in Banten was the high unemployment rate. Out of a total of 34 provinces, 11 still scored below the national reference value (52). The distribution of the Quality Dimension values will be the focus of the government in the future. The Quality Dimension indicator is expected to be a signal for the government to continue developing policies that can accelerate the improvement of the quality of the Indonesian population.

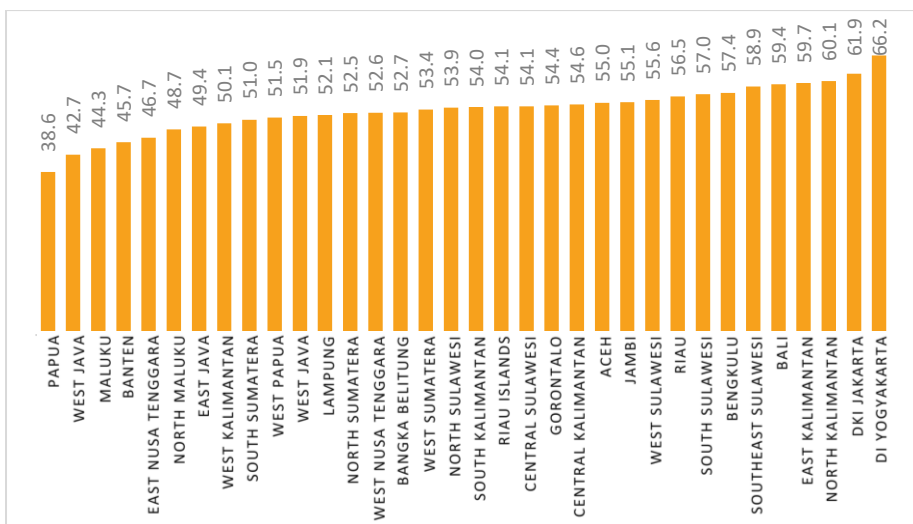


Figure 8.12 Quality Dimension Values by Province 2023

Figure 8.12 shows the values of the population Mobility Dimension at the provincial level. East Kalimantan recorded the highest value on this dimension at 93.5, followed by West Papua at 90.9. These two provinces scored high for attracting a large number of migrants who chose to settle there. The surge in coal prices in 2022 might be a major factor in the

increased influx of people from outside East Kalimantan to work in the mining sector and its supporting industries. Meanwhile, the more dynamic economic development in West Papua might be an important factor for many people choosing to migrate and settle in the region.

On the other hand, Central Java and North Sumatra recorded the lowest scores of 16.5 and 20.9 respectively. These two provinces scored low due to the large number of people migrating out while the majority of population living there were local residents. A total of 19 provinces recorded Mobility Dimension values above the national value, while the remaining 15 provinces scored below the national value.

This condition of population mobility is often seen from the perspective of social inequality between local residents and migrants. Moreover, in the political atmosphere that is often celebrated in national development processes, there are sometimes attempts to present oneself as the defender of local communities that reject migrants. However, economically, migrants can actually be an important asset in driving regional economic growth.

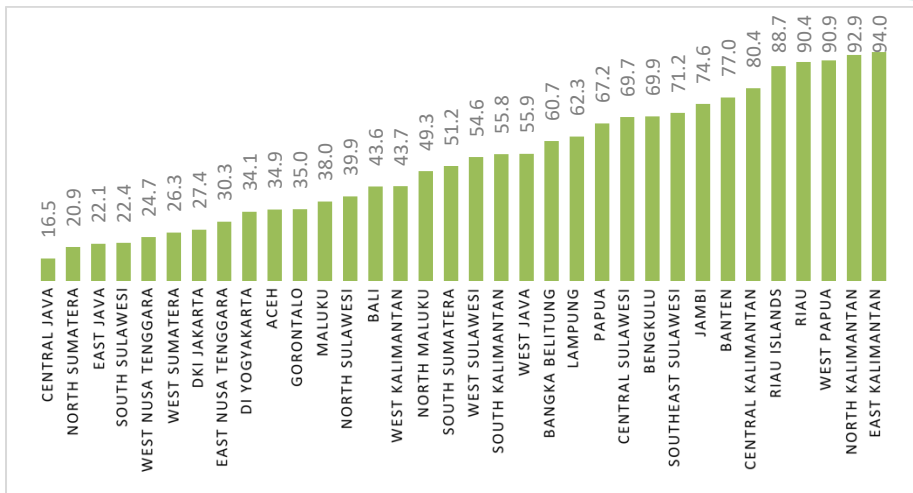


Figure 8.13 Mobility Dimension Values by Province 2023

Figure 8.13 shows the Environment Dimension values at the provincial level. The Special Region of Yogyakarta remained in the lead as the highest achieving province with a score of 68.8, followed by Central Java at 63.2 and the Special Capital Region of Jakarta at 62.2. Meanwhile, Papua recorded the lowest value of 11.6. There were 12 provinces that had Environment Dimension values above the national value, more than the previous year where there were only nine provinces achieved values above the national Mobility Index. However, despite the increase, environmental issues still require further attention, especially in provinces that scored below the national value. Papua, West Kalimantan, and East Nusa Tenggara need special attention because access to clean water is still a major obstacle in the daily lives of the people there. Positive efforts have been made by the Indonesian government in East Nusa Tenggara through a program to build artificial reservoirs and the involvement of NGOs and companies in providing clean water. It is hoped that in the future the community can enjoy adequate clean water services to support efforts

towards environmental balance and improving the quality of life of the population.

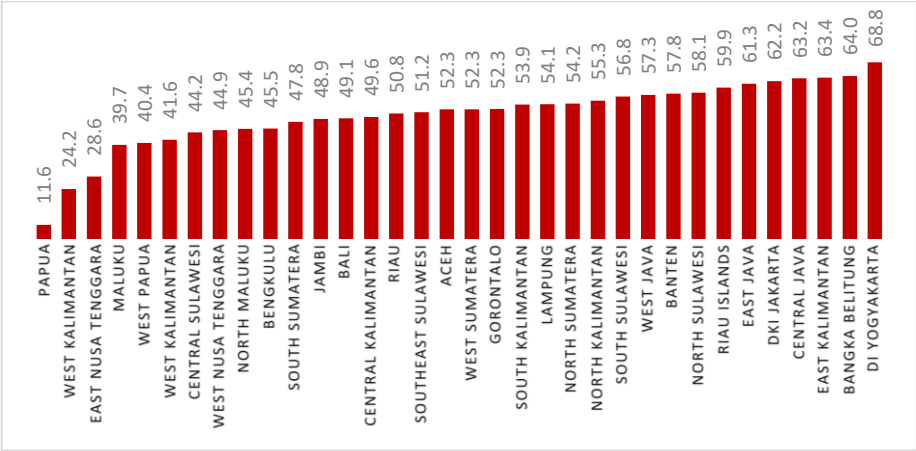


Figure 8.14 Environment Dimension Values by Province 2023



RECOMMENDATIONS FOR POPULATION DEVELOPMENT POLICY

CHAPTER IX

POPULATION DEVELOPMENT POLICY RECOMMENDATIONS

Presidential Regulation Number 153 of 2014 concerning the Grand Design of Population Development has provided a reference for population development, but in its implementation, synergy, synchronization and harmonization efforts are still needed across sectors and across governments through the National Population Development Grand Design document. Efforts to prepare a Grand Design for Population Development were previously made through the Decree of the Coordinating Minister for People's Welfare Number 27 of 2011 concerning the Team for Preparing the Grand Design for Population Development 2011–2035, but these efforts had not been realized due to changes in the institutions and nomenclature of state administration. However, efforts to prepare the Grand Design for Population Development still need to be realized with adjustments to the current and potential population situation in the future in a scheme in accordance with the Presidential Regulation mentioned above.

1. Population Quantity Control

Population control efforts need to be broadly interpreted as regulating quantity within a framework of supporting improvements in population quality. In terms of quantity, it is necessary to control the natural population growth rate. The composition and structure of the population needs attention to ensure sustainable development. Population quantity is controlled to maintain a balanced population growth between the number of people of productive age and fiscal capacity through

regulating the birth rate towards the replacement level of fertility by taking into account regional characteristics. For regions that have reached the replacement level, efforts to maintain TFR sustainability are carried out through increasing the age of marriage, maintaining birth spacing, and ensuring the fulfillment of unmet need for family planning services. The quality of family planning services is a key focus to improve reproductive health and protect the rights of Indonesian women. Meanwhile, for regions with TFR still above the replacement level, the direction of population policy is complete, consisting of increasing access to and quality of family planning and reproductive health services comprehensively, including the provision of service personnel in underdeveloped areas, as well as increasing the age of marriage through various promotional media in all lines of communication available in a region.

2. Population Quality Improvement

The policy of improving population quality is an effort to improve the quality of human resources directed at optimizing the demographic dividend in order to obtain greater economic benefits, including by building the quality of human resources with a life cycle approach, creating quality jobs to increase labor absorption, increasing labor productivity, increasing women's work participation, and strengthening financial literacy and investment (Bappenas, 2023). However, in order to implement the above policy strategies, efforts to narrow the disparities in the quality of the population can be carried out through the equalization stage by providing infrastructure and access to education and health based on the principles of equality and equity, especially in remote and underdeveloped areas. In addition, standardization of

education and health services needs to be carried out in all regions of Indonesia for uniform quality of education and health while taking into account the characteristics and needs of the region and the labor market. The investment in improving the quality of human resources is expected to produce a demographic dividend to obtain large economic benefits so as to be able to get out of the middle-income trap country status.

In addition to investment in improving the quality of human resources, strategies and policy directions are needed that take into account the transition of the population in the regions and the potential growth of the elderly population in the future so that the demographic dividend can be optimized and extended to the second demographic dividend. The demographic dividend needs to be optimized considering that Indonesia has now entered the aging population era with the percentage of the elderly population reaching more than 10% in 2021. A comprehensive strategy is needed to anticipate population aging. Policies to prepare for the second demographic dividend need to be prepared in all aspects and require cross-sectoral efforts. Some of the efforts that need to be made include building or developing an old-age social security system that can be accessed by all residents of the current productive age group, improving the health status of productive age group, opening up learning opportunities without age restrictions, and improving and developing integrated facilities for standardized elderly care. Integrated population development programs need to be developed continuously. Among the good examples are the implementation of the Stunting Reduction Acceleration Program and the extreme poverty alleviation program that involve many sectors and governments at all levels. Developing joint programs in one policy

document can encourage accelerated development, especially in underdeveloped regions in Indonesia while maintaining inclusive development.

Gender issues are also still among the main issues in population development in Indonesia, especially human resource development. The disadvantage of one group of people in development, especially women, will have an impact on development in general, because women make up half of the development component. Therefore, gender issues need to be taken into account and accommodated in various human resource improvement policies. Policies should not only be concerned with increasing access, participation, control, and benefits of development for all, but also increasing the role of men in all programs and activities that have been considered women's domestic domain, such as education and health within the family.

3. Family Development

Population mobility and ideological shifts risk giving rise to different family structures and forms. The increasing prevalence of the childfree phenomenon, delayed marriage, and same-sex behavior has caused the birth rate to decline. Meanwhile, underage marriages are still common. Uncontrolled access to digital media also risks increasing violence, human trafficking, addiction to pornography, deviant behavior, and risky behavior of family members. These things become challenges for families in interpreting and carrying out their functions optimally.

Family development policies need to emphasize strengthening family resilience, which includes family protection and empowerment. The

central government and local governments are obliged to establish family development policies through fostering family resilience and welfare which includes improving the quality of children, adolescents, productive age and the elderly, empowering vulnerable families, improving the quality of the family environment, and increasing economic access and opportunities for families. For this reason, holistic and integrative policies that specifically target families at every stage of the life cycle are needed. Increasing family resilience including strengthening family building readiness, increasing family capacity and skills and providing family service centers, strengthening the care and treatment for the elderly are programs that should be prioritized to achieve this goal.

4. Structuring the Distribution and Direction of Population Mobility

The inequality in population distribution in Indonesia is not only influenced by regional topography and climate conditions, but is also closely related to economic development policies and mobility direction policies. The increase in population is accompanied by an increase in the percentage of the productive age population along with the number of elderly people, urbanization leading to an increase in the percentage of the urban population, unbalanced migration characterized by increased population density in certain areas. Rapid changes in composition and high population mobility with uneven distribution among regions require proper handling so that the population becomes the main positive driver for development. In addition, regulating urban growth in the context of urbanization is necessary in the future. This needs attention so that the supporting capacity and carrying capacity of the regions is still adequate and provides a decent quality of life for the people who live there.

One of the strong issues related to population distribution and mobility is the institutional problem that have led to the lack of integration of spatial planning with economic development planning. For this reason, policies for directing population distribution and mobility are directed at institutional aspects and the preparation of plans for directing population mobility and distribution that are integrated with other development documents. State institutions responsible for integrated population distribution planning and management at various levels of government, national, provincial, and regency/city, are needed to improve the welfare of the population.

Disparities among regions are a dominant issue in population development in Indonesia. The disparities occur evenly across the various pillars of population development between the western and eastern parts of Indonesia, among provinces, and among regencies/cities. In fact, very high disparities can create various social, economic, and political problems. Not only that, disparities among regions have the potential to create mutually disempowering relationship among them. Therefore, population development needs to be directed towards reducing population development disparities through institutional improvements, implementation of integrated human development programs, and accelerated development in underdeveloped areas.

5. Population Administration Structuring

Policies for structuring population administration should be directed towards strengthening the population registration system which includes strengthening the harmonization of regulations, governance, as

well as infrastructure and ecosystems that support the use of digital technology in the process of collecting/registering, improving the quality, and utilizing population data. Given that population administration services have not yet reached the entire community, population administration structuring policies need to be directed at encouraging community participation in reporting population events. In addition, the integration of population data based on administrative data towards achieving one Indonesian population data needs to continue to be encouraged. The implementation of government assistance programs requires accurate micro data down to the individual level so that the assistance provided is right on target.



CONCLUSION

CHAPTER X

CONCLUSION

The population situation in Indonesia is developing very dynamically. The country's large population is expected to be an opportunity to increase quality and highly competitive human resources and take advantage of the demographic dividend. The Indonesia Population Report 2024 explains the situation of Indonesia's population development, the direction of population development policies and the achievements of the implementation of the Family Development, Population and Family Planning program in Indonesia, as well as explaining population development and family development with the aim of realizing harmony and balance among quantity, quality, and distribution of population and the environment in order to support the implementation of sustainable national development and realize community welfare.

In line with this, efforts to realize sustainable population development require support, participation, commitment, and closer and more synergistic collaboration among all stakeholders. The National Population and Family Planning Board has implemented various population development policies through medium- and long-term programs related to Family Development, Population, and Family Planning and optimized various collaboration with all stakeholders.

The Indonesia Population Report 2024 offers several policy recommendations, including those related to population quantity control, population quality improvement, family development, organized distribution and direction of population mobility, and population administration structuring. These recommendations are expected to be inputs and references for the central, provincial, and regional governments as well as stakeholders in development planning and can provide benefits to create a just and prosperous society.

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